Health-related risk behaviours

in Children and Young People

Gloucestershire County Council

Pupil Wellbeing Survey

2026

Contents

Introduction

Childhood and adolescence are critical periods for establishing the behaviours, skills and resilience that support lifelong physical and mental wellbeing. Developing health-protective behaviours, such as being physically active, eating a balanced diet, maintaining positive social connections, and avoiding smoking, substance use and harmful alcohol consumption, can improve overall wellbeing and reduce the risk of future ill health.

Many behaviours adopted during these formative years continue into adulthood, making childhood and adolescence an important opportunity to promote healthy choices and build lifelong habits. While behaviours such as smoking, drug use, harmful alcohol consumption, physical inactivity and poor diet can increase the risk of adverse mental health outcomes and non-communicable diseases[1], including cardiovascular disease, respiratory disease and certain cancers, early intervention and support can help young people make positive changes. It is estimated that around 70% of premature deaths in adulthood are linked to health-related behaviours established during childhood and adolescence[2]. Supporting young people to develop healthy behaviours and emotional wellbeing therefore has the potential to deliver significant long-term benefits for both individual and population health.

The Pupil Wellbeing Survey

The Pupil Wellbeing Survey (PWS) and Online Pupil Survey™ (OPS) is a biennial survey that has been undertaken with Gloucestershire school children since 2006. Students participate in Years 4, 5 and 6 in primary schools; Years 8 and 10 in secondary schools; and Years 12 and 13 in post-16 settings such as sixth forms and colleges. A large proportion of mainstream, special and independent schools, colleges and educational establishments take part, representing approximately 70.0% of students in participating year groups in 2026. The PWS asks a wide variety of questions about student's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2026 PWS was undertaken between January and April 2026.

Limitations and caveats of the survey

Not all children and young people who are resident in Gloucestershire attend educational establishments in the county and similarly not all students attending educational establishments in Gloucestershire are residents in the county. It is therefore important to remember this analysis is based on the student population not the resident population.

Gloucestershire is a grammar authority and has a number of notable independent schools, and several mainstream schools very close to the county's boundary; these all attract students from out of county. This results in the school/college population (particularly at secondary phase) having slightly different characteristics, especially ethnicity, to the resident young people's population. 12.3% of Gloucestershire's resident population (2021 Census) were estimated to be from diverse ethnic communities; however, 23.1% of Gloucestershire's student population were from diverse ethnic communities in January 2026 and 23.4% of the PWS cohort were students from diverse ethnic communities in the 2026 survey.

Although a large proportion of the county's educational establishments took part in the survey, some only had low numbers of students completing the survey; in contrast, others had high numbers. Although this doesn't impact the overall county analysis, as demographics are represented as expected at this geography, analysis by district and education phase might only have certain demographic groups represented due to low student take-up (for example, low numbers completing the survey in Tewkesbury at post-16 phase). Where post-16 provision is situated also impacts the survey, as older students travel further to access post-16 provision.

[1] Non-communicable diseases among adolescents: current status, determinants, interventions and policies - PMC

[2] Lifestyle Behaviors of Childhood and Adolescence: Contributing Factors, Health Consequences, and Potential Interventions - PMC

Analysis of deprivation

Educational settings have been categorised into statistical neighbour groups which cluster settings with students of a similar socio-economic profile within the same type of setting (a similar level of deprivation, affluence or personal/family characteristics).

We use Ministry of Housing, Communities and Local Government (MHCLG) Indices of Multiple Deprivation (IMD) to determine the relative deprivation of students. The IMD is based on the home postcode of students (collected in the School Census). This is aggregated to give an overall IMD score for the setting, reflecting the deprivation levels experienced by students. The settings are then split into quintiles based on their scores: quintile 1 is the most deprived and quintile 5 is the least deprived in Gloucestershire.

In addition:

- Grammar/selective schools are compared to other grammar/selective schools in their phase without reference to the IMD.
- Independent schools are compared to other independent schools in their phase without reference to the IMD.
- Post-16 only/Further Education (FE) colleges are compared to all other post-16 only colleges without reference to the IMD.
- Special schools are compared to all other schools of this type in the same phase without reference to the IMD.
- Vocational and alternative settings/schools are compared to other settings/schools in the same phase without reference to IMD.

Direct behaviours that may harm health

Key takeaways:

Smoking: Smoking among Gloucestershire students is at its lowest recorded level, with just 1.3% smoking regularly in 2026.

Vaping: Vaping remains more common than smoking, but rates have fallen since 2022, with 4.0% of students reporting regular use.

Snus/Nicotine Pouches: Snus and nicotine pouch use is an emerging trend, with 6.9% of secondary and post-16 students having tried them and 1.6% using them regularly.

Alcohol: Alcohol remains the most commonly used substance, although the proportion of students who have never drunk alcohol has continued to increase.

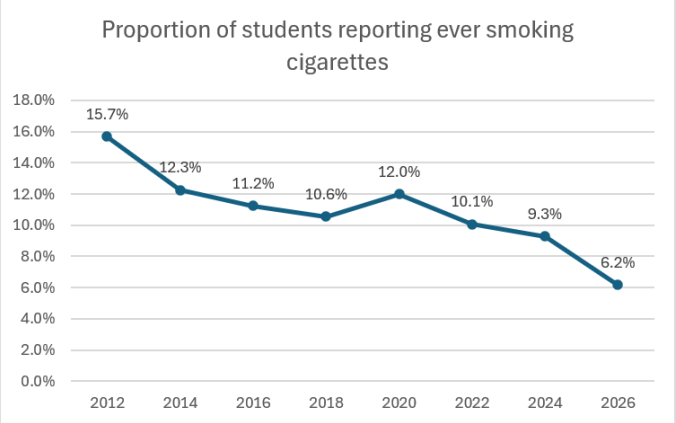
Drugs: Around one in eight students report having tried drugs, with cannabis by far the most commonly used illicit substance.

Cigarettes

In 2026, 9 in 10 students said they had never smoked and 97.0% said they had *never smoked/tried once or twice*. This was significantly higher than in 2016 when 94.3% of students said they had *never smoked/tried once or twice*.

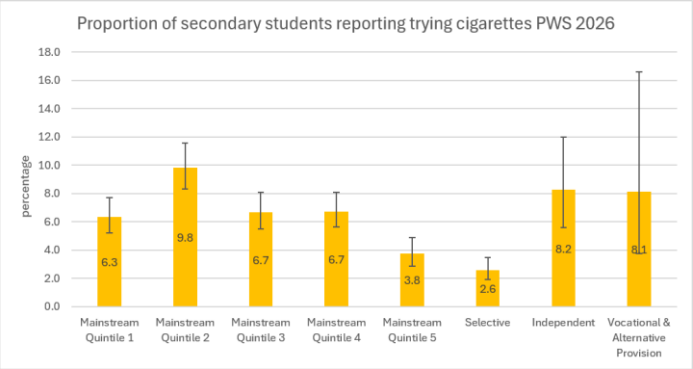
The current proportion of comparable-age students who do not smoke (*never smoked/tried once or twice)* in Gloucestershire is higher than the latest available national figure (97.4% in Gloucestershire versus 95.9% in England)[3].

The proportion of students that had ever tried smoking has been declining since 2012 from 15.7% in 2012 to 6.2% in 2026 (1,828 students).



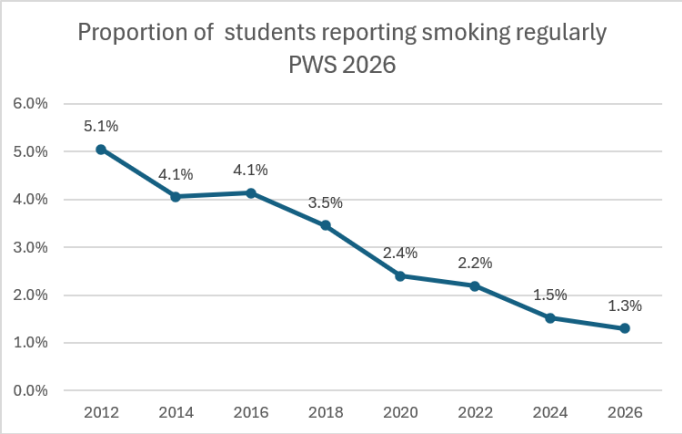
It is clear that the trying smoking cigarettes increases as students age, most particularly across the secondary and post-16 phases. In 2026, 98.5% of primary age students had never smoked (there is no significant difference between year groups) compared to; 97.1% in Year 8, 90.3% in Year 10, 81.0% in Year 12 and 76.4% in Year 13.

Whilst there is a visible decline in the number of students trying smoking, there is no significant difference in the proportion of students trying smoking between students in IMD quintile 1 (most deprived) and other mainstream settings in IMD quintiles 3 and 4. There is a significant difference between the proportion of students trying smoking in quintile 2 (higher) and all other mainstream settings and quintile 5 (lower) and all other mainstream settings. Students at selective settings reported a significantly lower proportion of students who try cigarettes (2.6%). The proportion of students who reported they had tried smoking was highest at independent settings (8.2%) and vocational & alternative settings (8.1%).

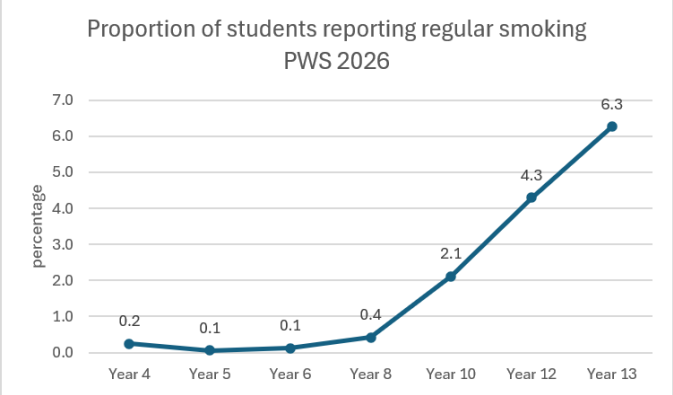


[3]https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2023/data-tables

The proportion of students smoking regularly[4] has also been declining, from 4.9% of students in 2012 to 1.3% in 2026 (385).

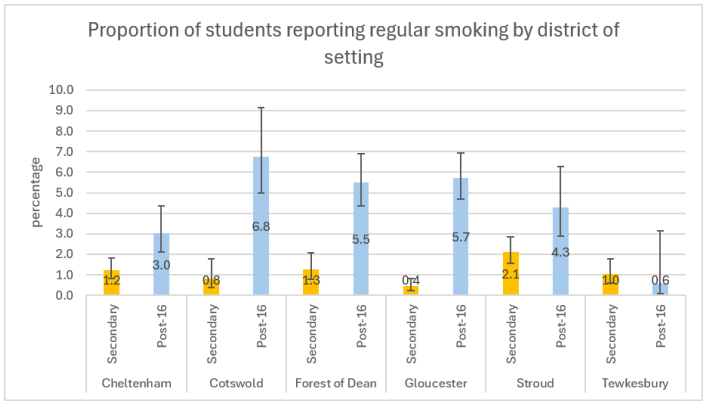


Regular smoking increases significantly during the teenage years, but particularly in Y10 and Y12. However, the proportion has decreased consistently across the last 3 surveys.

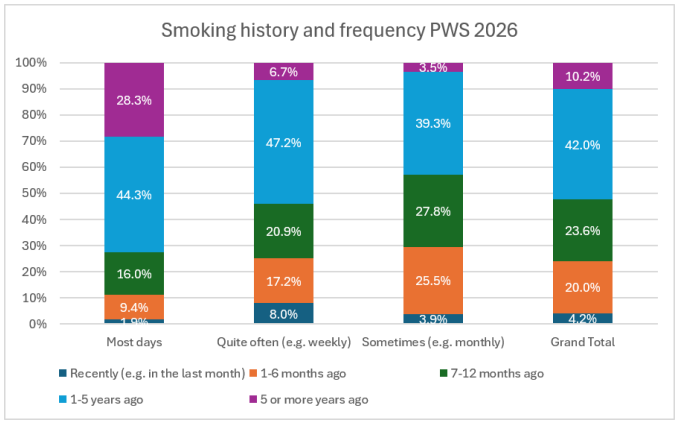


There doesn't appear to be any significant difference in the proportion of male and female students regularly smoking - a trend observed consistently. Although slightly higher there is no significant difference in the proportion of students from diverse ethnic communities regularly smoking to their white British peers (1.4% vs. 1.3%). There are however, some ethnic groups that do have a significantly higher proportion of students reporting regular smoking; Gypsy/Roma (6.4%), white Irish (3.1%), white Western European (2.9%) and white Eastern European (2.6%).

Although there was no significant difference in the proportion of students reporting regularly smoking across most districts at the secondary phase, the rates were highest at schools in Stroud. At the post-16 phase students in Cotswold were the most likely to report regular smoking, with a rate that was significantly higher than students in Cheltenham and Tewkesbury.

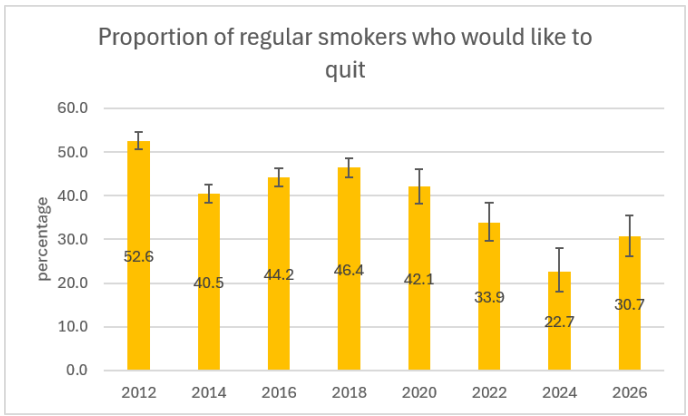


Students were asked how long ago they started smoking; it is clear students reporting smoking most days were the most likely to have also been smoking the longest.



It is interesting to note, that students in Year 8 were the most likely to say they had taken up smoking in the previous year, this has been the same since 2020.

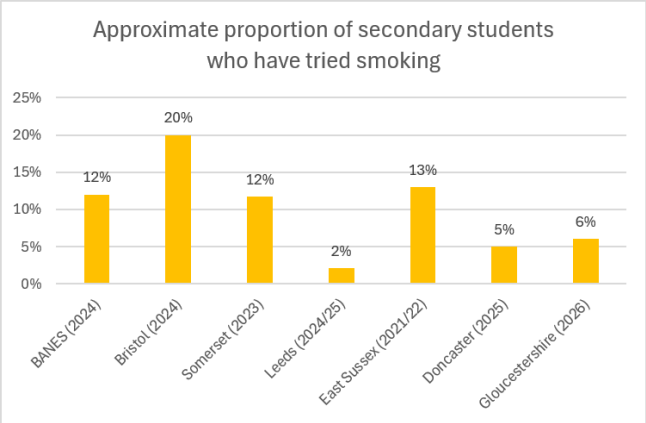
The proportion of regular smokers who said they wanted to stop smoking has been declining since 2018 although has increased slightly since the 2024 survey.



[4] Quite Often (Weekly)/Most days

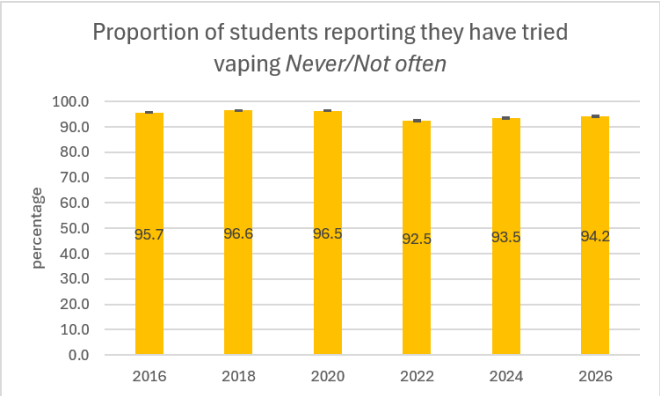
Benchmarking smoking

It appears the proportion of students in Gloucestershire who report that they have tried smoking is within a similar range to comparator authorities'.



Vaping

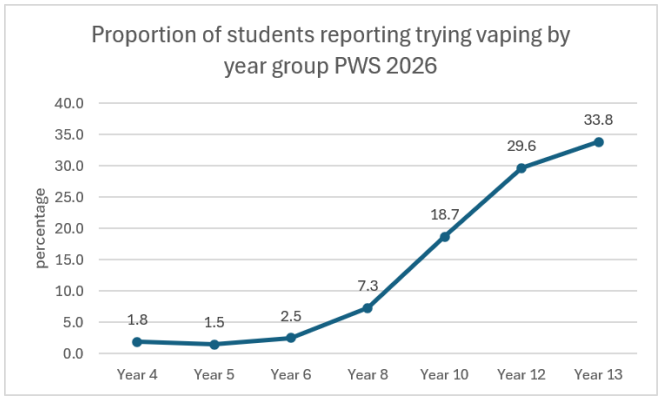
In 2026 89.8% of students reported they had never vaped (used e-cigarettes), this was a slight increase on the proportion from 2024 (85.3%). 94.2% of students reported they had never vaped or had only tried it once or twice.



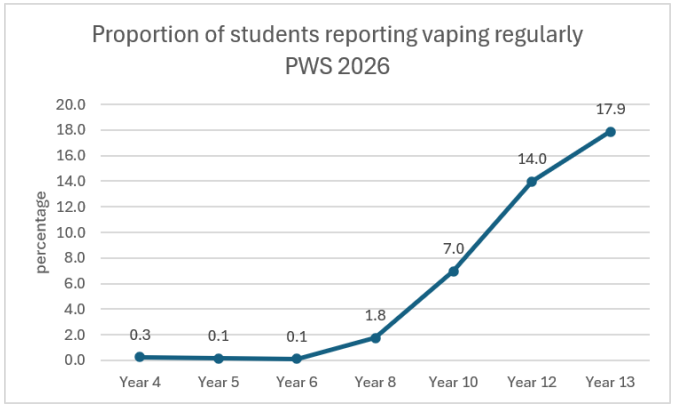
In 2016 (when questions about vaping were introduced) 1 in 9 students said they had ever vaped. By 2022 this had increased to 1 in 6 (3,589). Since then the ratio of students reporting has been slowly reducing again and in 2026 was 1 in 10. It is expected with the recent introduction of a ban on disposable vapes in England this will reduce further in the future.

The latest national data available for comparison is from 2023 for students in Years 7 to 11[5]. The proportion of comparable-age students who do not vape[6] in Gloucestershire is higher than the national value from 2023 (93.3% in Gloucestershire versus 91% in England).

As with cigarettes the proportion of students reporting they have tried vaping increases with age and is highest in Year 13 where a third of students (33.8%) said they had tried vaping (a reduction on 2024 where almost half of Year 12 students (45.0%) had tried vaping). This is significantly higher than the proportion that have tried cigarettes in Year 13 (23.6%).



4.0% of students said they vaped regularly (1,184), this varied from 0.1% in Year 5 and Year 6 students to 17.9% of Year 13 students.



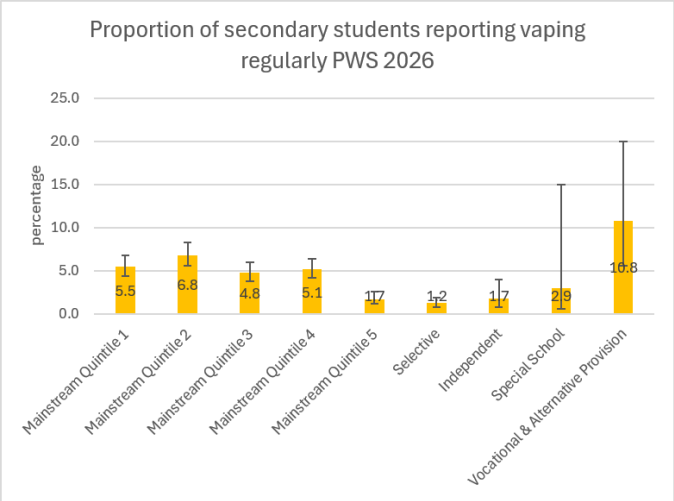
Females were significantly more likely to have ever tried vaping and to report vaping regularly (10.7% and 4.6%) than males (8.8% and 3.2%).

Understanding the association between regular vaping and deprivation is challenging, as there is no clear link.

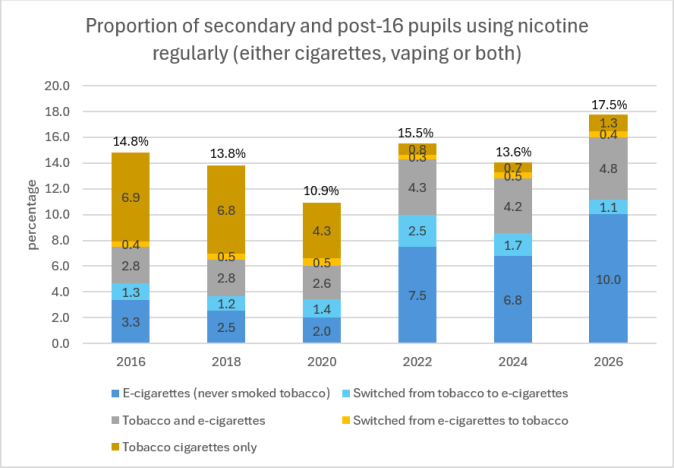
Although at secondary phase, students in selective settings and those in quintile 5 settings (least deprived) and independent settings had the lowest rate of regular vaping.

[5] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2023/data-tables

[6] Have never vaped or only tried once or twice



Students with a history of regular smoking or vaping (2,499 in 2026), were asked how these habits had developed. In 2016, 46.5% of respondents said *I only smoke tobacco-based cigarettes;* but by 2026 this had reduced significantly to only 7.6% of respondents. In contrast the proportion of respondents reporting *I vape (use e-cigarettes) and I have never smoked tobacco-based cigarettes* has risen from 22.6% of respondents in 2016 to 57.3% of respondents in 2026. This reflects a growing vaping culture.

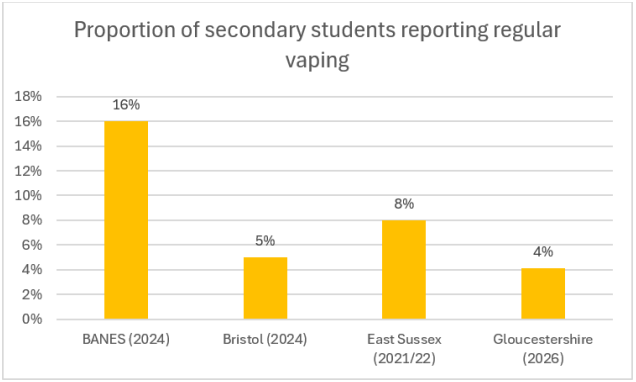


In 2026 a further 27.7% said they smoked cigarettes *and* vaped, which is also an increase since 2016 (19.2%). A small proportion of students (6.6%) report transitioning from smoking cigarettes to vaping. While NHS guidance[7] supports vaping as a smoking cessation aid for adults, both cigarettes and vaping products are age-restricted in the UK and cannot legally be sold to anyone under 18 years of age

[7] https://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking/

Benchmarking Vaping

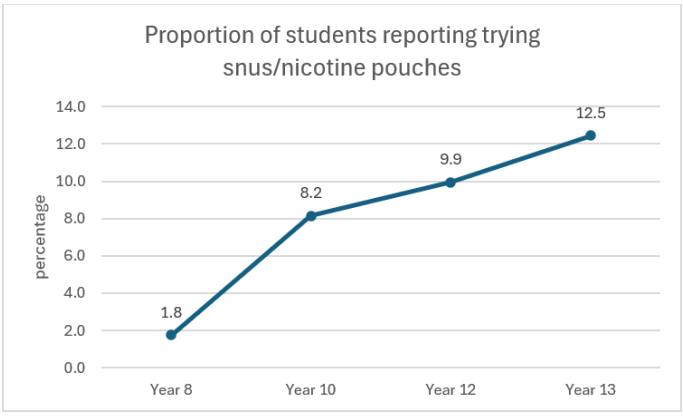
The rate of regular vaping among Gloucestershire students when compared with similar age groups across comparator neighbours is lower.



Snus/nicotine pouches

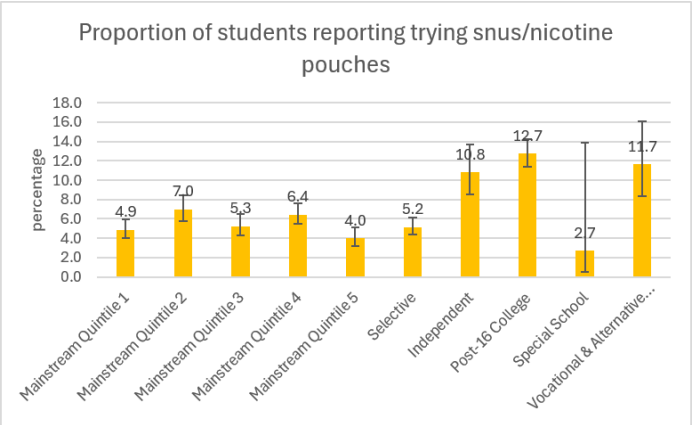
In 2026 a question was included in the survey around snus/nicotine pouches. Snus is a moist, smokeless powdered tobacco product originating from Sweden. Users place a small sachet of the tobacco—mixed with water, salt, and flavourings—between their upper lip and gums to absorb nicotine directly into the bloodstream. Nicotine pouches are small, smokeless, and spitless sachets that contain nicotine, flavourings, and plant-based fibres, but no actual tobacco leaf. The terms snus and nicotine pouches are often used interchangeably in society.

In 2026 6.9% of secondary and post-16 students reported they had tried snus/nicotine pouches. The proportion of students reporting they had tried snus/nicotine pouches increased with age from 1.8% in Year 8 to 12.5% in Year 13.

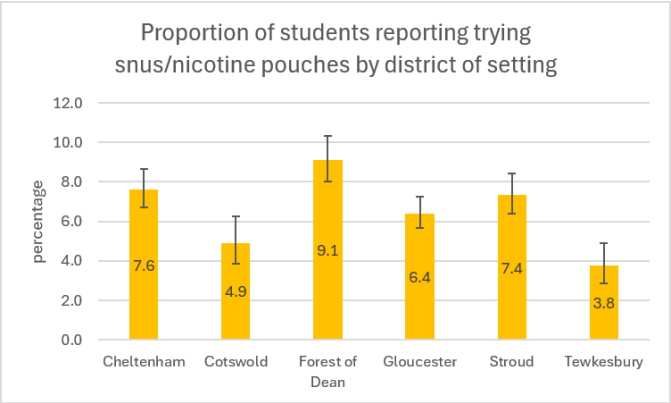


Males were significantly more likely to report they had tried snus/nicotine pouches (9.2%) compared to females (4.6%).

There is little variation in the proportion of students trying snus/nicotine pouches in mainstream settings, however it was significantly higher in independent, post-16 and vocational and alternative provision settings.



Students in Forest of Dean settings were the most likely to report trying snus/nicotine pouches and students in Tewkesbury the least.



There is some emerging evidence[8] that snus/nicotine pouches usage is high in athletes especially professional athletes[9], in the survey students who did 7 or more hours exercise were significantly more likely to have tried snus/nicotine pouches than those doing less than 7 hours.

Students from Gypsy or Roma (20.4%), Travellers of Irish heritage (23.1%) and white western European (12.1%) backgrounds were significantly more likely to have tried snus/nicotine pouches than white British students.

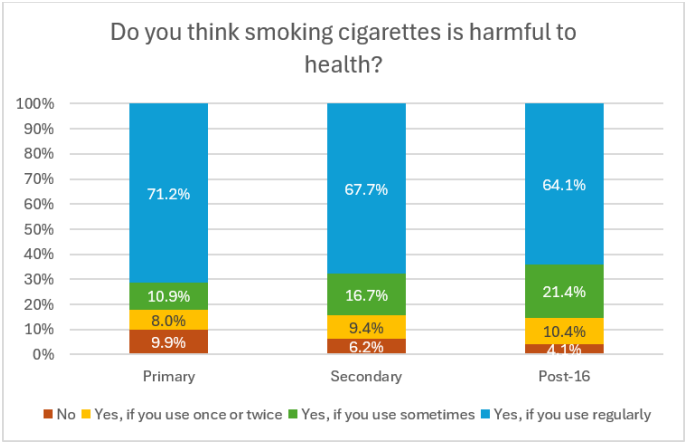
1 in 63 (1.6%) of secondary and post-16 students reported regular usage of snus/nicotine pouches. As with trying snus/nicotine pouches this was higher in older students (3.7% in Year 13), males (2.7%), independent (3.2%) and post-16 settings (3.7%), those who do 7+ hours exercise (2.1%) and students from Traveller of Irish heritage students (11.5%).

Students who said they had tried snus/nicotine pouches were asked how many pouches they used per week. Two-thirds of those who had tried snus/nicotine pouches (65.0%) said they only used 1-5 pouches per week, 13.9% of users said they used over 20 pouches per week. A standard 6mg nicotine pouch delivers roughly 1mg to 2mg of usable nicotine to the bloodstream, which is comparable to the amount absorbed from a single cigarette.

Education about nicotine use

Education programmes supporting smoking and vaping cessation are perceived as useful, with three quarters of students reporting it was helpful to learn about smoking, vaping and snus in 2026.

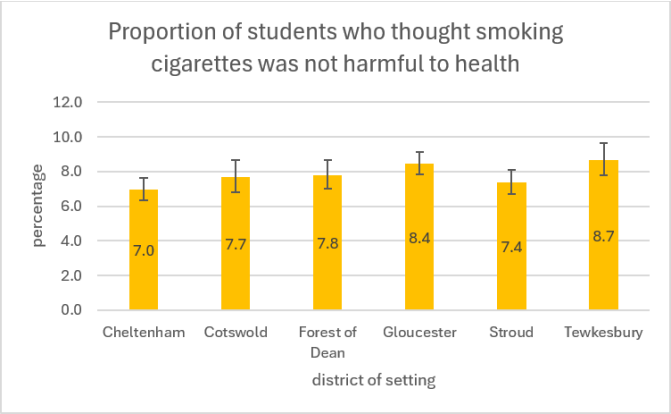
In 2026 a new question was asked to determine if students thought smoking cigarettes, vaping or using snus/nicotine pouches were harmful to health. Most students recognised smoking cigarettes was harmful to health (92.2%) this was lowest in primary students. However, most students who thought smoking cigarettes were harmful to health though they were only harmful if used regularly.



[8] https://www.mdpi.com/2077-0383/13/14/4235

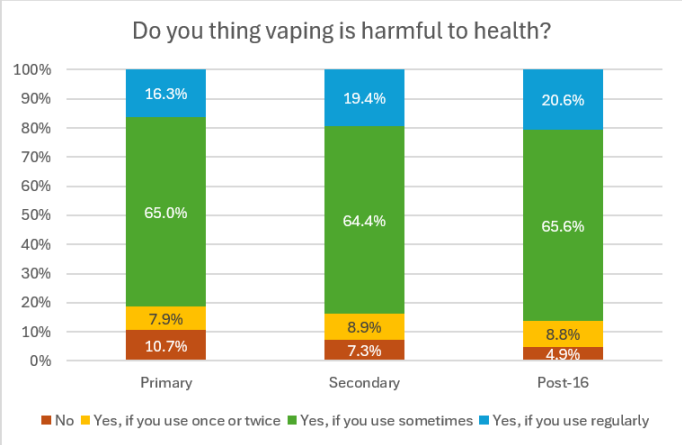
[9] https://www.lboro.ac.uk/media/media/london/images/news/2024/snus-use-in-english-professional-football.pdf

There was no significant difference in the proportion of students who thought smoking cigarettes was not harmful to health by district of setting.

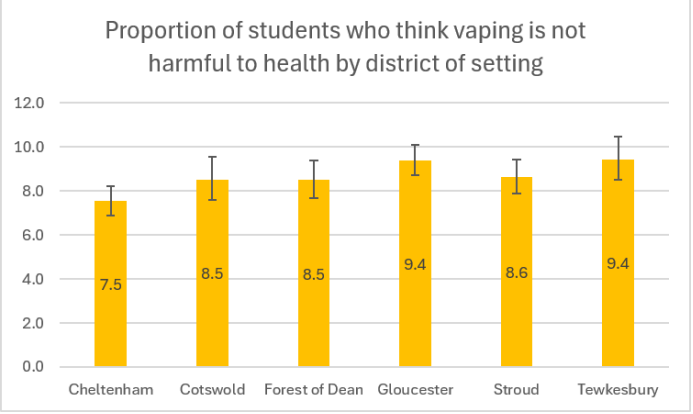


Students from Black backgrounds (13.5%) were significantly more likely to say they thought smoking was not harmful to health than white British students (7.4%).

9 in 10 students (91.4%) said they thought vaping was harmful to health. Again, this was lower in primary students. In contrast to smoking cigarettes the majority of students thought vaping was harmful if used sometimes rather than regularly.

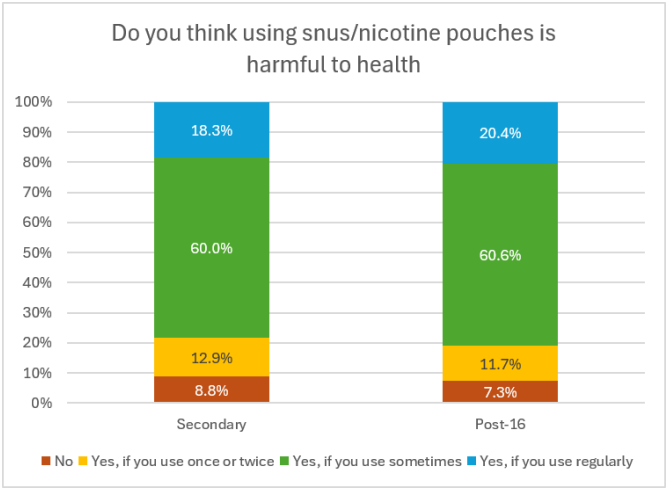


Students from Gloucester and Tewkesbury districts were the most likely to say vaping was not harmful to health, although were not significantly different.

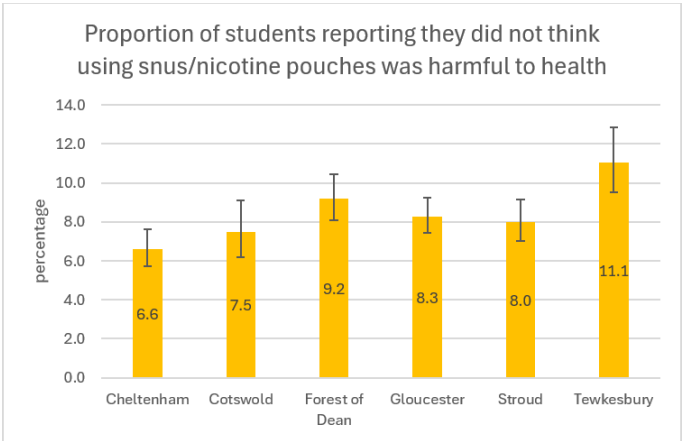


Again, students from Black backgrounds (13.8%) were significantly more likely to think vaping was not harmful to health than their white British peers (8.3%).

Only secondary and post-16 students were asked about snus/nicotine pouches. Again 9 in 10 students (91.7%) thought using snus/nicotine pouches were harmful to health. The largest proportion of students thought using snus/nicotine pouches was harmful to health if used sometimes.



The proportion of students in Tewkesbury who did not think using snus/nicotine pouches was harmful to health was significantly higher than all other districts except Forest of Dean.



Black students (11.6%) were the most likely to report they did not think using snus/nicotine pouches was harmful to health, significantly higher than white British (8.1%) and Asian (6.6%) students.

Alcohol

Drinking alcohol at any age can lead to health problems but this is especially true in children and young people, the NHS states:

"Children and young people are advised not to drink alcohol before the age of 18.

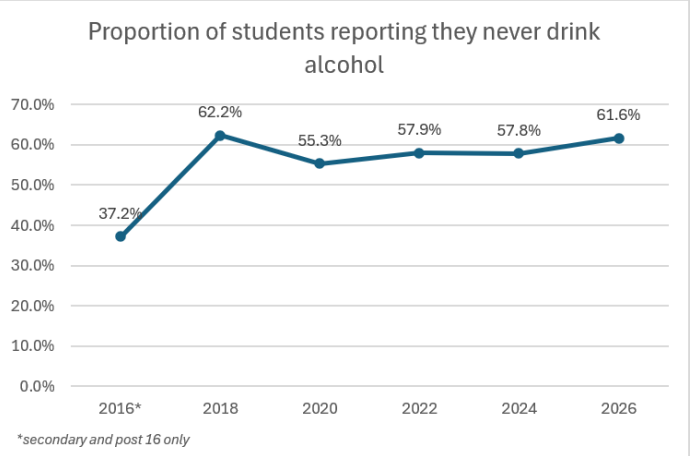
Alcohol use during the teenage years is related to a wide range of health and social problems…

… Drinking alcohol can damage a child's health, even if they're 15 or older. It can affect the normal development of vital organs and functions, including the brain, liver, bones and hormones.

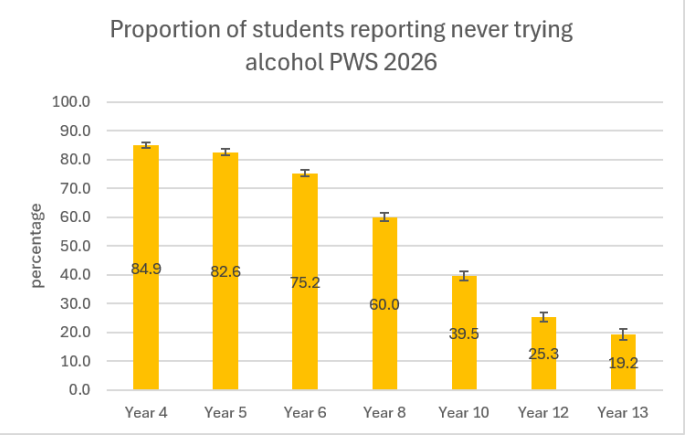
Beginning to drink before age 14 is associated with increased health risks, including alcohol-related injuries, involvement in violence, and suicidal thoughts and attempts.

Drinking at an early age is also associated with risky behaviour, such as violence, having more sexual partners, pregnancy, using drugs, employment problems and drink driving."

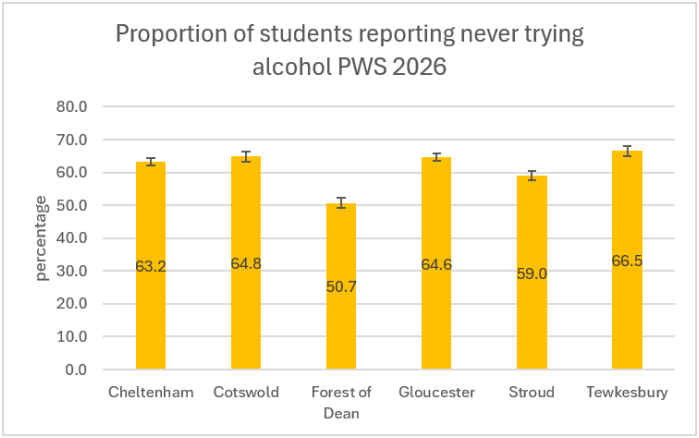
The proportion of students saying they have never had alcohol has increased from 57.8% in 2024 to 61.6% in 2026.



The proportion of students reporting they have never had alcohol reduces as students age, this has been observed since 2012. The longitudinal increase in students reporting they have never had alcohol is seen across all year groups.



Students at settings in the Forest of Dean and Stroud districts were significantly less likely to say they had never had alcohol than all other districts.



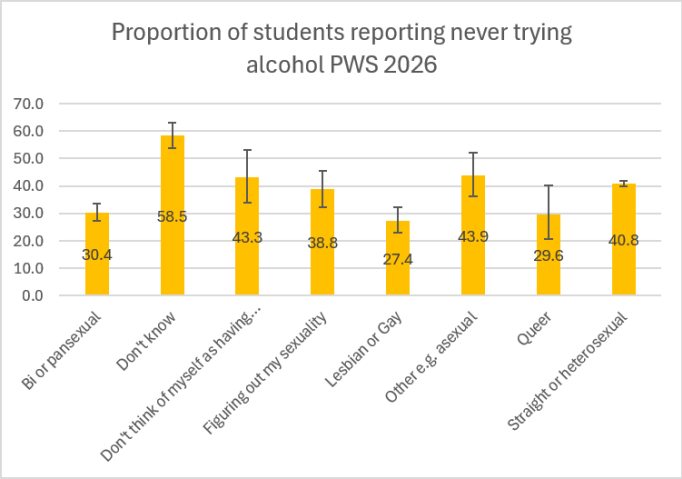
In the primary phase, there is a strong link between deprivation and never drinking alcohol in mainstream settings, with those in the most deprived settings the most likely to have never tried alcohol. However, students in independent settings were the most likely to have never tried alcohol.

In the secondary phase there is no significant difference between mainstream settings by deprivation, however students in selective settings were significantly more likely to say they had never tried alcohol and those in independent settings significantly less likely.

In post-16 settings a third of students in mainstream quintile 1 settings (most deprived) and selective settings said they had never tried alcohol, compared to a quarter of all other mainstream settings and post-16 only settings said they had never tried alcohol. By the post-16 phase only 1 in 10 students at independent settings said they had never tried alcohol.

Whilst numbers are small, it appears students in special settings were the least likely to report trying alcohol at all phases.

In secondary and post-16 phases students are asked about their sexuality and gender identity. Students who identify as LGBTQ+ (33.3%) were significantly less likely to report they had never had alcohol than heterosexual students (41.3%). Students reporting 'don't know' regarding their sexuality were significantly more likely to say they had never drunk alcohol than heterosexual students, other sexualities were in line with heterosexual students.



There was no significant difference between students with different gender identities when looking at reporting never drinking alcohol.

Students from some vulnerable groups were less likely to say they had never drunk alcohol than their comparative less-vulnerable peers; those with a disability, neurodivergent students, LGBTQ+ students and those with Low Mental Wellbeing (LMW)[10] were all less likely to say they had never drunk alcohol. In contrast students eligible for FSM and those from diverse ethnic communities were significantly more likely to report they had never had alcohol.

Alcohol consumption levels

In 2026 38.4% (n=11,335) students said they had tried alcohol (aged 8 to 25), but this ranges from 15.1% in Year 4 to 80.8% in Year 13.

1 in 20 students (4.6%) students reported they drank alcohol regularly (*Quite often (weekly)/Most days*). Again, this increased with age from 1 in 100 in Year 4 to 1 in 4 in Year 13.

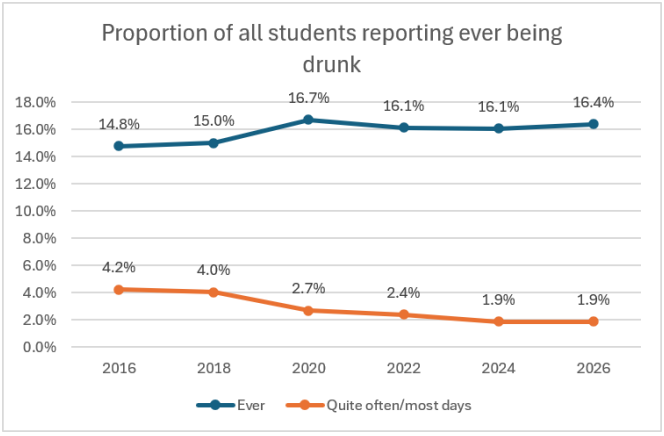
Students with LMW (*OR 1.9*), SEN (*OR 1.6*) and neurodivergent students (*OR 1.6*) were more likely to drink alcohol regularly.

In the secondary phase, students at mainstream more deprived settings were more likely to report drinking regularly than those in less deprived settings. However, students at independent settings were the most likely to report drinking regularly.

In post-16 settings students in quintile 1 (most deprived) settings (11.0%) were the least likely to report regular drinking and those in independent settings the most likely (26.5%).

In 2026 around 1 in 6 of all students reported ever being drunk and 1.9% reported frequently being drunk (*Quite often (weekly)/most days*) which is likely to lead to more risk taking and potentially antisocial behaviours. There was an increase in the proportion of students reporting ever being drunk between 2016 and 2020 which has remained since.

In contrast the proportion of students reporting they are drunk regularly has been reducing slowly during the period from 4.2% in 2016 to 1.9% in 2026.



Males (5.5%) were significantly more likely to report they were frequently drunk than females (4.1%).

The proportion of students reporting being drunk frequently increases with age, most notably between the ages of 14 and 18. Over the age of 18 around 1 in 7 students report being drunk frequently.

Of those who have tried alcohol, in the primary and secondary phases the proportion of students reporting they were regularly drunk decreased as deprivation decreased. However, in the post-16 phase being drunk regularly increases as

[10] As categorised using WEMWBS scores – in line with probable clinical depression

deprivation decreases between quintile 1 settings (most deprived) and quintile 4 settings. Students in quintile 5 (least deprived), selective and independent settings were less likely to report being drunk regularly.

Students from mixed ethnic backgrounds were significantly less likely to report being drunk regularly than white British students; all other broad ethnic groups were in line. Whilst numbers are small, students from Bangladeshi, Pakistani and Traveller of Irish heritage backgrounds were significantly more likely to report being drunk regularly than white British students.

As it is illegal to buy alcohol under 18, students were asked where they normally get alcohol from.

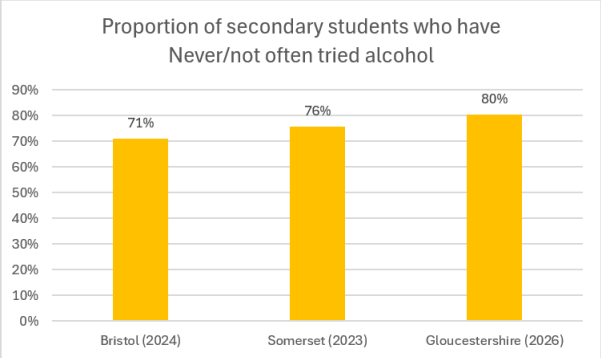
In all phases of education, the most common source of alcohol was *Home (with parent's permission)*. Students in primary settings were the most likely to say they got alcohol from *Home (without parent's permission)*.

Secondary students at independent schools were the most likely to report accessing alcohol from a *pub/club*, even though they are under the legal age to buy alcohol. Secondary students from quintile 2 schools were most likely to report they accessed alcohol from *home without their parent's permission*.

The proportion of students who say they get alcohol from *friends* increases between Year 8 and Year 12. A quarter of Year 13 students say they get alcohol from a *pub/club*, at the time of the survey some of these students will have been 18.

Benchmarking alcohol consumption

The proportion of secondary students reporting they have never/not often tried alcohol is slightly higher than comparator authorities.



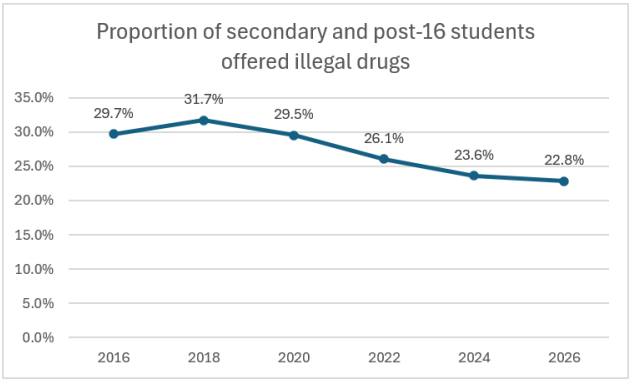
Education about alcohol

72.8% of students said it had been helpful to learn about alcohol in education. Primary students were the least likely to say they had found it helpful, but also the most likely to say they hadn't learnt about it yet (19.4%).

Students in Gloucester were the least likely to say they found it helpful to learn about alcohol (70.0%), significantly lower than all districts except Tewkesbury.

Drugs

Just under a quarter (22.8%) of students (in Year 8 and above) had ever been offered drugs[11]. This has been reducing since 2018 when it peaked at 31.7% and is now below the 2012 figure.



Cannabis was cited as being the drug most often offered to students (20.5% in 2026), but the proportion has been reducing since 2020 when 28.0% of students had been offered it.

Since 2016 (11.9%) the proportion of young people reporting being offered prescription drugs not prescribed to them e.g. Ritalin, Valium, Xanax, amphetamines, has been reducing steadily to 2.8% in 2026. In contrast the proportion of students offered cocaine (6.7%) and ecstasy (3.6%) has been stable since 2022.

[11] students were asked about the following drugs in 2016: cannabis, synthetic cannabinoids, amphetamines, ecstasy and cocaine. In 2026 they were also asked about ketamine and nitrous oxide.

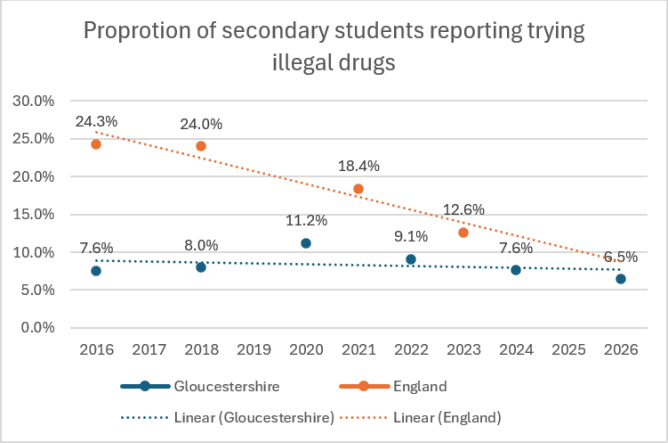
The latest published national report on young people's drug usage in England[12] from 2023 reported

"(There has been a) …fall in prevalence of lifetime and recent illicit drug use. 13% of students reported they had ever taken drugs (18% in 2021), 9% had taken drugs in the last year, and 5% in the last month.".

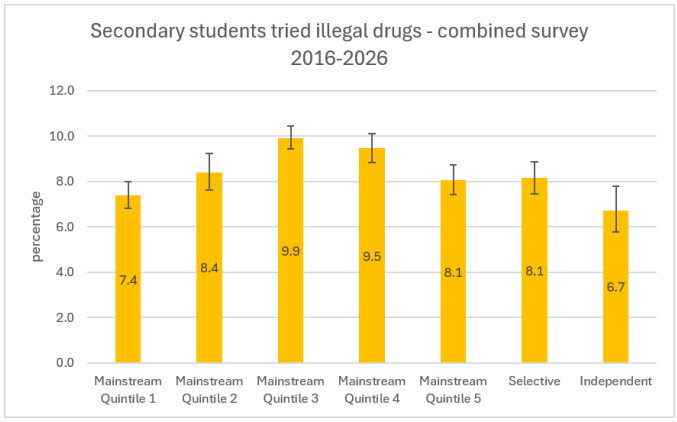
In Gloucestershire 12.1% of students reported ever trying drugs in 2026, a similar proportion to the 2024 survey; again, Cannabis was the drug they had most likely to have tried (10.3%).

In secondary students 6.5% of students reported trying illegal drugs. This (and all other recorded years) is below the England proportions for 11 to 15-year-olds (most recent published from 2023).

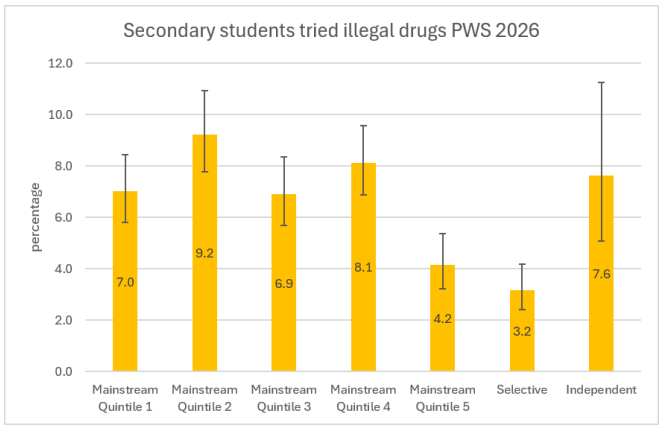
The national proportion of secondary age students has been reducing steadily since 2016, whereas in Gloucestershire there has been a much slower reduction since a peak in 2020. It is important to note – pre 2020 the PWS was aligned to the national dataset, however the national dataset was moved forward a year following the pandemic and is now collected during the 'fallow year' of the PWS. National data from 2025 has not yet been published.



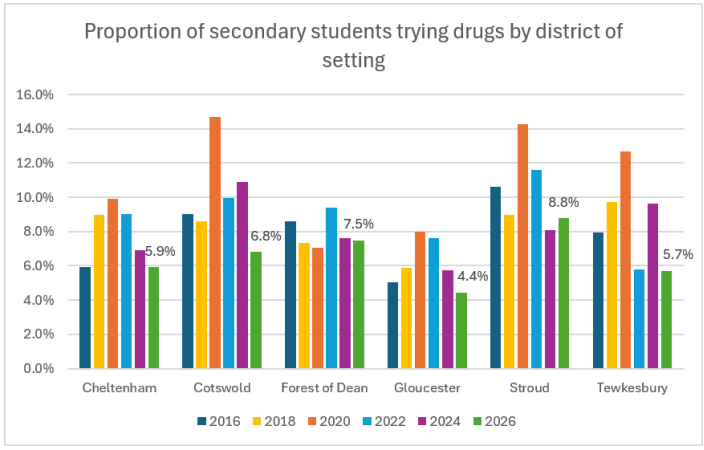
When combining responses across all survey years between 2016 and 2026 there is no clear link with deprivation and trying illegal drugs.



When looking at the responses from secondary students in the 2026 survey in isolation, no trend is observed between trying drugs and deprivation, although drug taking appears lowest in quintile 5 (least deprived) and selective settings.



When broken down by district; students at secondary schools in Stroud district, reported the highest level of drug use in 2026. Whilst there has been a decrease in drug usage across most districts between 2024 and 2026, Stroud district had a slight increase. Students in Stroud district consistently had one of the highest reported levels of drug usage.

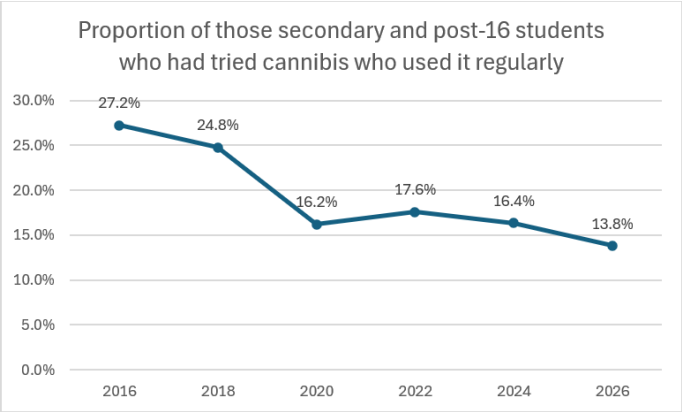


[12] Smoking, Drinking and Drug Use among Young People in England, 2023: Data tables - NHS England Digital

The majority of students who had tried drugs had tried cannabis (84.9% of students who had ever tried drugs, 10.3% of all students)

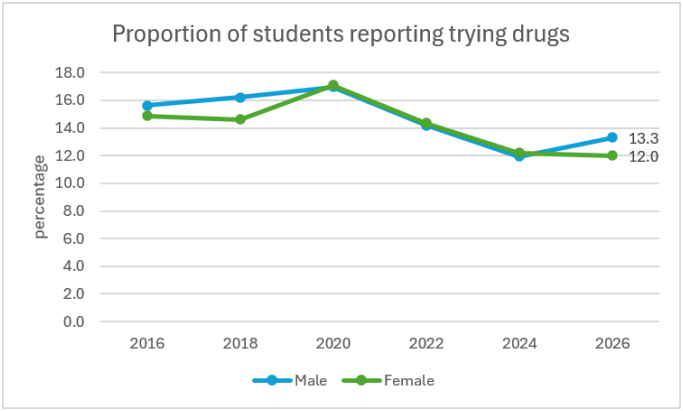
Reported drugs tried - student in secondary and FE education PWS 2026	% of drug users	% of all students
Cannabis	84.9%	10.3%
Synthetic cannaboids	15.6%	1.9%
Nitrous Oxide e.g. laughing gas, NOS, hippie crack, balloons	18.0%	2.2%
Ritalin, Valium, Xanax, Amphetamines etc.	11.6%	1.4%
Cocaine	13.7%	1.7%
Ecstasy	9.9%	1.2%
Ketamine e.g. K, Ket, Special K	9.7%	1.2%

Regular usage of cannabis had been reducing between 2016 and 2020. After a stabilisation in regular usage of cannabis there has again been a reduction between 2024 and 2026.



The proportion of users regularly taking cocaine was around 1 in 10, this has been similar since 2022.

There has been no significant difference between the sexes in terms of trying illegal drugs, although there have been some years where males have been more likely to report they have tried drugs.

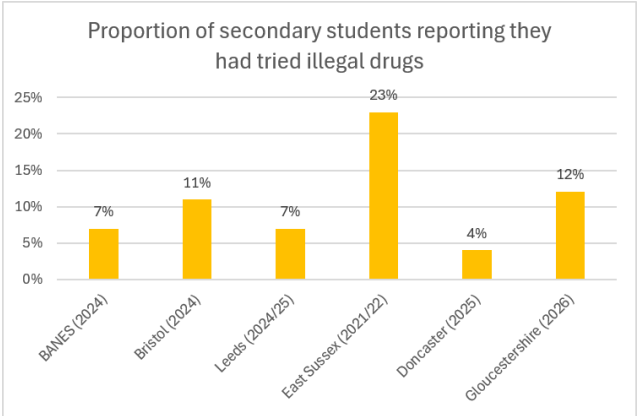


Students from Other white ethnic backgrounds were significantly more likely to report trying drugs. At a more granular level students from *Other White background* (18.3%) and *White Irish background* (20.8%) were significantly more likely to report trying drugs than white British students (12.5%). Students from *Any other Asian background* (6.3%), *Black African* (6.5%) and *Indian* (5.3%) backgrounds were significantly less likely to report trying drugs than white British students.

A significantly higher proportion of students from all vulnerable groups (except those who were seriously bullied) were likely to have taken illegal drugs than their less vulnerable peers. Neurodivergent students (*OR 1.8*) and students known to children's social care (*OR 1.7*) had the highest likelihood of trying drugs compared to their less vulnerable peers.

Benchmarking drug use

It appears the proportion of students reporting trying drugs in Gloucestershire is slightly higher than many of the comparator authorities (secondary students only shown for Gloucestershire to align with other surveys).



Education about drugs

84.3% of secondary and post-16 students said they found it helpful to learn about drugs.

Students in Cotswold district were the most likely to report finding it helpful to learn about drugs (87.2%), and those in Tewkesbury (81.2%) were the least likely.

Antisocial behaviours that may harm health

Key takeaways:

Behaviour regulation: Behaviour regulation appears to be improving overall, although increasing numbers of younger students report wanting support with anger management.

Exclusion and non-attendance: One in eight students report having experienced isolation, suspension or exclusion, with higher rates among more vulnerable and disadvantaged groups.

Absence from educational settings: Although absence has fallen since 2024, one in five students still report missing at least 10% of education sessions during the previous term.

Many factors can influence a child's behaviour including:

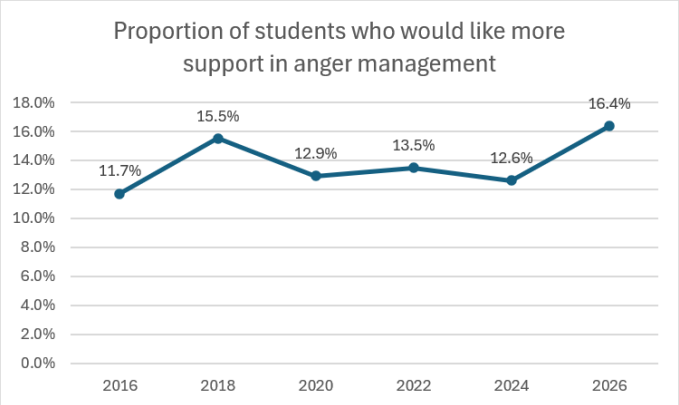
- family relationships
- changes to family circumstances
- an event that has occurred in the community
- limited social experiences
- cultural expectations, experiences and child rearing practices
- exposure to drugs, alcohol
- the child's emotional development
- the child's neurodevelopment

These behaviours can indirectly impact a child's health by impacting their engagement in health promoting and health harming behaviours.

Behaviour regulation issues

When children have difficulties with regulating behaviour, they might also have difficulties with peer rejection and social isolation which in turn can influence their mental wellbeing and engagement in other health harming behaviours. Students who have difficulties regulating behaviour can also have poor academic outcomes as they are often in a negative state that is not conducive to learning[13].

The proportion of students reporting they would like more support in *Anger management* in 2026 (16.4%) has increased since 2024 (12.6%). This increase is almost entirely due to an increase in primary age students reporting they would like more support in *Anger management* and has risen to 1 in 5 students in this phase.

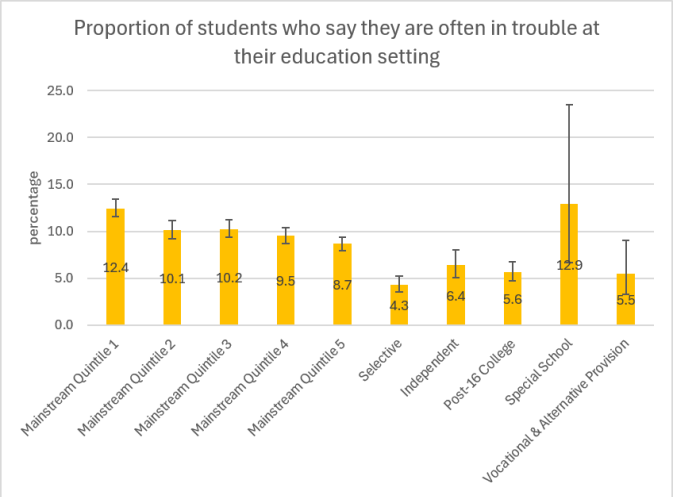


The proportion of students reporting they are *often in trouble* appears to have been reducing fairly consistently since 2016. Students in Year 8 are the most likely to report often being in trouble. Students with low mental wellbeing (LMW) were significantly more likely to report often being in trouble (13.5%) than those with average/high mental wellbeing (A/HMW) (7.1%). In 2026 students from diverse ethnic communities (9.4%) were no more likely to say they were *often in trouble* than their white British peers (9.0%), this is a return to the trend observed pre-2024.

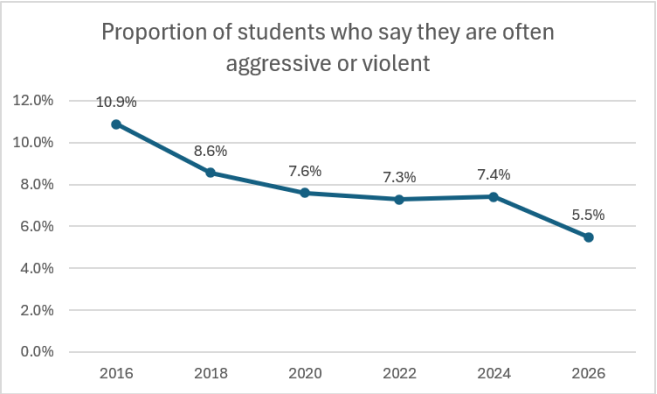
Students from a *Gypsy/Roma* background were the most likely to report being *often in trouble* (24.5%), followed by *Traveller of Irish heritage* (21.1%), *Mixed – white & Black Caribbean* (17.5%) and *Black Caribbean* (16.3%), students. *Indian* students were the least likely to report being often in trouble (4.9%).

Students in special settings were the most likely to report being *often in trouble* (12.9%) and those in selective schools were the least likely (4.3%). Being in trouble appears to be linked to deprivation, with the proportion reducing as deprivation decreases.

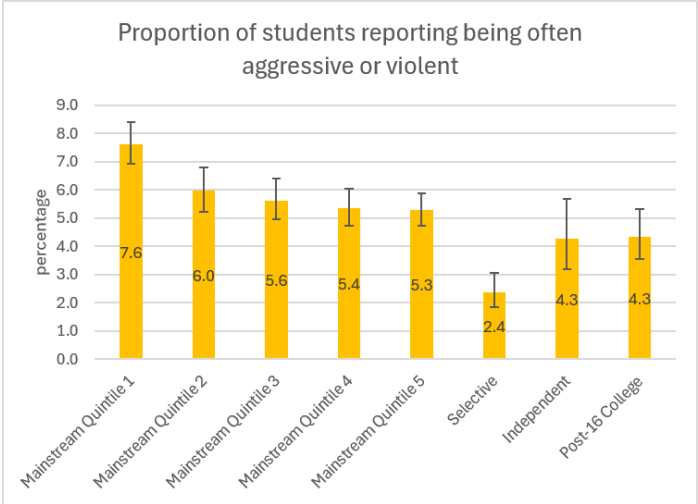
13 https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=7247&context=doctoral



The proportion of students reporting they are *often aggressive or violent* has also been reducing since the question was first asked in 2016 from 10.9% to 5.5%. This reduction is mainly influenced by a reduction in older students reporting they are *often aggressive or violent,* in Year 10 and Year 12 the proportion halved in the period.



Again, being *often aggressive or violent* appears to be linked to deprivation with the highest levels in mainstream schools in IMD quintile 1 (7.6%) and 5.3% in quintile 5 settings. The lowest levels were observed in students at selective schools (2.4%). Students with LMW were twice as likely to report being *often aggressive or violent* (8.4%) than those with A/HMW (4.1%).

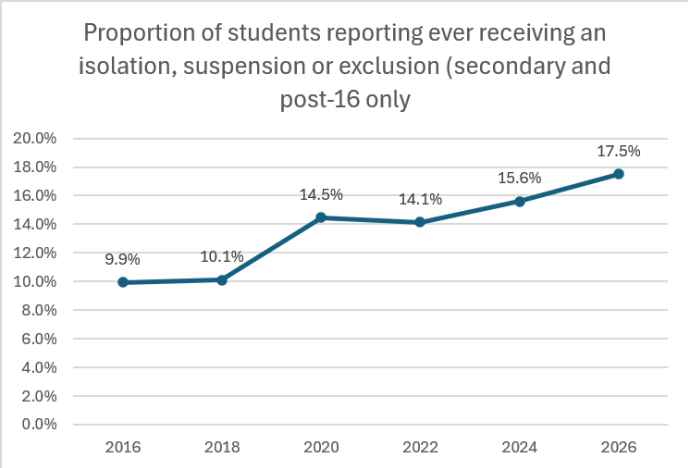


Exclusion and non-attendance

Exclusion and education non-attendance are often observed in correlation with health harming behaviours. The link between these are likely bi-directional.

School Isolation (Internal Exclusion or Removal)
Definition: A student stays on school grounds but is taken out of their regular classroom.
Setting: The child works in a separate, supervised room, often in individual booths or silent study areas.
Goal: To stop ongoing classroom disruption while letting the student keep doing schoolwork.
Suspension (Fixed-Term Exclusion)
Definition: A student is temporarily not allowed to attend school for a set number of days.
Duration: Can last from a small part of a day (like lunchtimes) up to 45 school days in one academic year.
Goal: The student must stay home (or is placed in alternative provision) and is expected to return to the school once the time ends.
Exclusion (Permanent Exclusion)
Definition: A student is permanently removed from the school roll.
Action: The child is not allowed to return to that specific school, and the local authority must find a new educational placement.
Goal: Used only as a last resort for very serious or persistent rule-breaking where the child's presence harms the safety or learning of others.

In 2026 12.3% of all students and 17.8% of secondary and post-16 students reported ever having at least one isolation, suspension or exclusion, this continues the upwards trend since 2018.

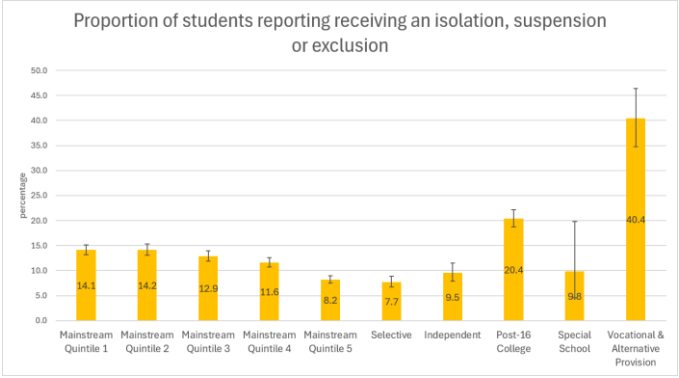


The increase between 2024 and 2026 appears to be attributable to more students reporting an internal isolation.

By separating pupils into the most serious reported sanction, it shows 8.0% of all students had received no higher than a period of isolation in their education setting, 3.5% had received no higher than a suspension and 0.5% had experienced a permanent exclusion. Reported levels of suspension and exclusion are similar to the nationally published data.

Male students (15.1%) were overall significantly more likely to report receiving an isolation, suspension or exclusion than female students (7.9%). They were also almost twice as likely to report receiving an isolation (9.8% vs. 5.4%), a suspension (4.5% vs. 2.2%) and reporting receiving a permanent exclusion (0.7% vs. 0.3%).

Experience of an isolation, suspension or exclusion appears to be linked to deprivation. In mainstream settings isolation, suspension or exclusion appears to reduce as deprivation decreases with students in quintile 5 schools and selective schools having the lowest reported level of isolation, suspension or exclusion.



Students at vocational & alternative settings were the most likely to have experienced an isolation, suspension or exclusion, this matches their remit.

In mainstream settings students in quintile 1 (most deprived) were the most likely to have had an isolation, suspension or exclusion. Whilst this pattern was also observed in suspensions, there was a similar proportion of students reporting experiencing an isolation or an exclusion across the first 4 quintiles of deprivation. This suggests suspension is more likely to be used in settings with higher levels of student deprivation as a behaviour sanction.

The likelihood of students from the following groups reported receiving an isolation, suspension or exclusion was twice their less vulnerable peers:

- Those bullied regularly (*OR 2.1*)
- Those known to social care (*OR 2.3*)
- Those with a disability (*OR 2.2*)
- Those receiving support for special educational needs (*OR 2.3*)
- Those eligible for FSM (*OR 2.1*)
- Those with low mental wellbeing[14] (*OR 2.0*)
- Those experiencing +4 ACEs (*OR 2.2*)

Compared to students with no isolation, suspension or exclusion history students who had received an isolation, suspension or exclusion were:

More likely to engage in risky behaviours

- more likely to be in trouble with the police (*OR 9.7*)
- more likely to have early sexual debut (under 16 yrs) (*OR 3.0*)
- more likely to self-harm (*OR 2.0*)

[14] Mental wellbeing is measured in the survey using the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

- more likely to perpetrate violence (*OR 4.5*)

More likely to engage in health harming behaviours

- more likely to drink alcohol regularly (*OR 4.0*)
- more likely to smoke cigarettes regularly (*OR 6.7*)
- more likely to use drugs (*OR 3.3*)

More likely to disengage from education

- more likely to have frequent school absence (authorised or unauthorised) (*OR 2.2*)
- more likely to report **not** achieving (*OR 3.1*)

More likely to have a complex home life

- more likely to feel unsafe at home (*OR 3.0*)
- more likely to have witnessed domestic abuse (*OR 2.4*)
- more likely to report they often went without food at home (*OR 2.2*)
- more likely to report 4+ ACEs (*OR 2.2*)
- more likely to report excessive screentime (*OR 2.5*)

Just under half (46.2%) of students who had received an isolation, suspension or exclusion said they were not listened to in the process and did not have a say in what happened afterwards. This was decrease on the previous survey year after a period of significant increase between 2020 and 2024.

1 in 3 students who had received an isolation, suspension or exclusion said if there is an incident or issue at school students weren't listened to or involved in making it right compared to 1 in 5 students who had no isolation, suspension or exclusion history. There was no significant difference between those who received an isolation (33.9%), suspension (37.6%) or exclusion (28.4%).

When students had received an isolation, suspension or exclusion, they were significantly less likely to have a trusted adult to go to for help if they were worried than those who had no isolation, suspension or exclusion history (86.0% vs. 93.5%). There was no significant difference between those who received an isolation (86.9%), suspension (84.5%) or exclusion (82.1%).

Students who had an isolation, suspension or exclusion were significantly more likely to report low mental wellbeing (LMW) than those who had no isolation, suspension or exclusion (35.6% vs. 21.5%). There was no difference between those who received a suspension (41.3%) or exclusion (41.3%).

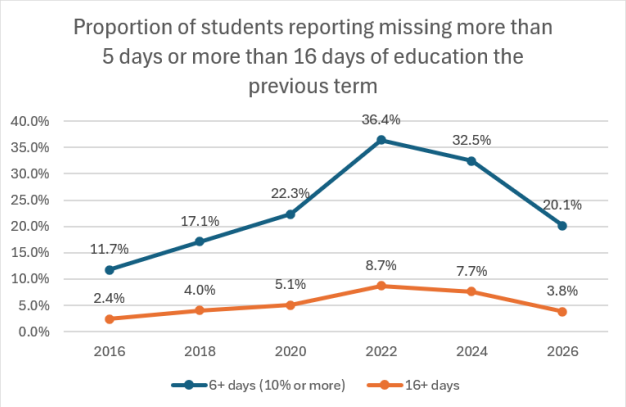
Absence from educational setting

Students were asked how many days of education (each school day includes 2 sessions) they had missed in the previous term (in the 2026 survey this would have been Autumn term 2025). Students may miss education due to both authorised and un-authorised reasons.

Persistent absence is a measure used by the Department of Education to track when a student's overall unauthorised absence equates to 10% or more of their possible sessions. In the survey it isn't possible to determine if student reported absence is authorised or unauthorised and so a comparison to nationally published figures isn't appropriate. The most recent nationally published data shows 17.2% of Gloucestershire pupils were persistently absent in 2024/25[15]. This figure is shared for context, not for comparison.

In the 2026 survey just under 1 in 5 students (20.1%) reported being absent from education for 10% or more of sessions (up to 5 days in this instance) in the previous term (authorised and unauthorised), compared to 1 in 3 students (32.5%) in the 2024 survey (Autumn term 2023).

3.8% of students reported missing more than 16 days of education in the previous term (equates to missing 25% or more of education) this was a decrease on the 2024 figure (7.7%).



[15] https://explore-education-statistics.service.gov.uk/data-tables/permalink/055da0c3-8db5-43ff-11bc-08ded6b7248d

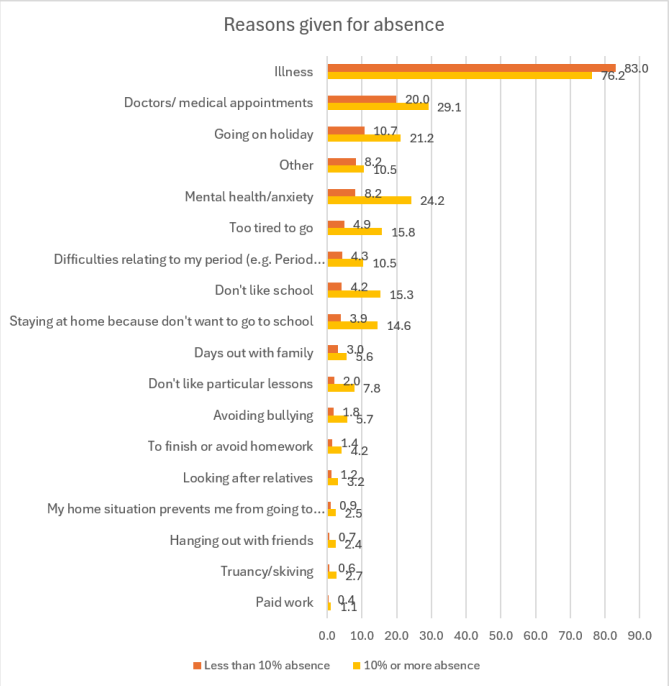
There was no difference in the proportion of students from diverse ethnic communities reporting being absent from education for 10% or more of days compared to their white British peers, however students from a number of ethnic communities were significantly more likely to report being absent for more than 5 days.

Ethnic community	% missing 5+ days
White British	**19.9**
Any other ethnic background	21.0
Any other mixed background	22.5
White eastern European	24.4
Mixed - White and Black African	25.3
Other White background	25.4
White Irish	25.6
Pakistani	26.7
Bangladeshi	27.9
Mixed - White and Black Caribbean	29.6
Black Caribbean	35.1
Gypsy or Roma	36.2
Traveller of Irish heritage	36.6

Conversely pupils from *Black African (8.5%)* backgrounds were significantly less likely to report being absent from education for 10% or more of sessions and those from *Any other Asian background* (17.6%), *Any other black background* (14.3%) and *Indian background* (17.7%) were also less likely but not significantly.

Reported absence from education for 10% or more of sessions was highest in schools within Forest of Dean, Gloucester and Stroud districts and lowest in Cheltenham schools. This was a similar trend to 2024.

When asked why they had missed education, illness was the most cited reason (81.1% in 2026) for all students. Missing education due to illness would be an authorised absence. This was followed by Doctor's/medical appointment, which was cited by 1 in 5 students (22.5%) who had missed any days of education, again this would be an authorised absence. 1 in 7 students had missed education due to a holiday.



More information on absenteeism is included in the Isolation, suspensions, exclusions and absenteeism report available at https://www.gloucestershire.gov.uk/inform

Criminal activity

Key takeaways:

Joining a gang: Gang membership is rare (1.3%) but more common among vulnerable students.

Carrying a weapon: Weapon carrying has decreased, but 2.3% of secondary and post-16 students still report doing so.

Trouble with the police: Serious trouble with the police remains uncommon (2.0%) and continues to decline.

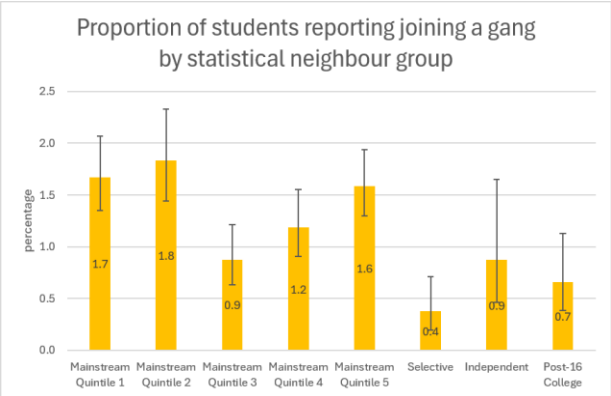
Joining a gang

1.3% of students reported joining a gang; males were significantly more likely to report being in a gang (1.6%) than females (0.8%).

Students known to social care and neurodivergent students were over 4 times as likely to report being in a gang than their less vulnerable peers. Young carers and those who were seriously bullied were three times more likely to report being in a gang.

Gang membership was highest in students attending education in Tewkesbury district and lowest in students attending education in Cotswold district, although there was no significant difference between the districts.

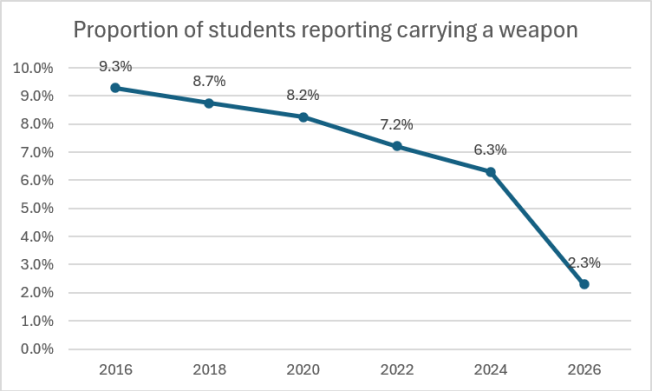
There was little difference in the proportion of students reporting gang membership by socio-economic school group although students at selective grammar schools were less likely to report gang membership.



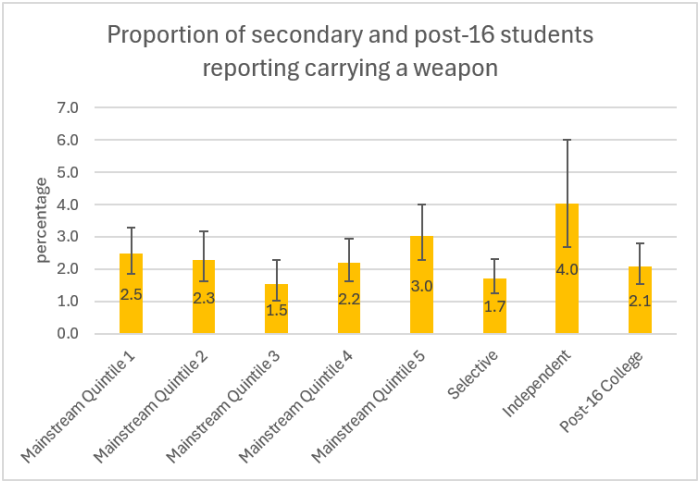
Carrying a weapon

Nationally between 4%[16] and 6.4%[17] of young people aged 13-17 report carrying a weapon. There were 7,094 offences recorded by the police in which firearms were reported to have been used in 2024/25 in England and Wales[18].

2.3% of secondary and post-16 students reported carrying a weapon, this was a significant reduction from 2024.



The highest reported level of carrying a weapon was in special settings (5.9%) but this was not significantly higher than mainstream settings. Weapon carrying in mainstream settings was in line, but lowest in mainstream quintile 3 settings (1.5%) and selective settings (1.7%). Around 1 in 20 students at independent and vocational & alternative provision settings reported carrying a weapon.



There was no significant difference between students of different districts reporting carrying a weapon, although students attending settings in Tewkesbury district (3.0%) were the most likely to report carrying a weapon and those in Gloucester (2.0%) the least likely.

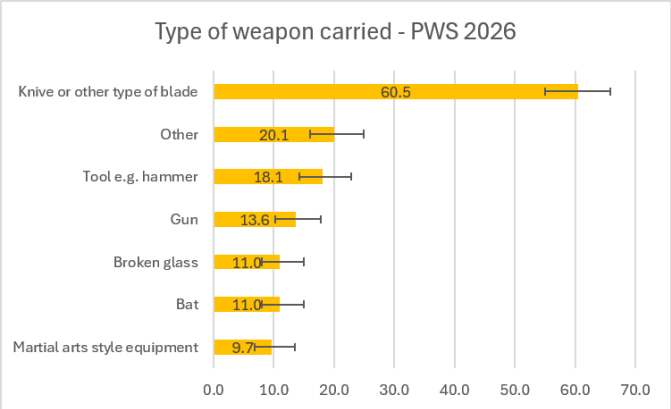
Males were more likely to report carrying a weapon than females. Students from diverse ethnic communities were significantly more likely to report carrying a weapon than their *white British* peers. However, this was most influenced by *Other white* students. Students from *Pakistani (5.6%)* heritage were also significantly more likely to report carrying a weapon. Overall, students from *Black*, *Asian*, and *Mixed backgrounds* weren't significantly more likely to report carrying a weapon than *white British* students.

The most common weapon carried by students was a knife or bladed object (60.5%). Worryingly 1 in 7 of students who reported carrying a weapon said they had carried a gun (13.6%). This was 42 students in 2026 compared to 162 in 2024

[16] https://youthendowmentfund.org.uk/wp-content/uploads/2023/11/YEF_Children_violence_and_vulnerability_2023_FINAL.pdf

[17] https://cls.ucl.ac.uk/one-in-11-males-have-carried-or-used-a-weapon-at-age-17/

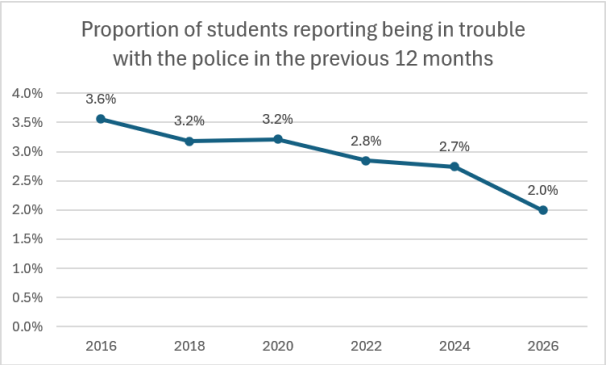
[18] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/offencesinvolvingtheuseofweaponsdatatables



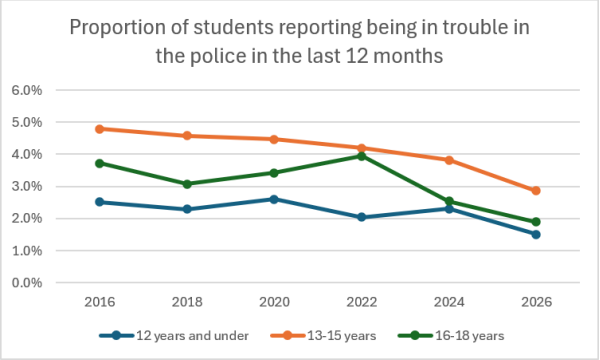
0.8% of exclusions in 2025/26 were for use or threat of a weapon.

Trouble with police

2.0% of students said they had been in serious trouble with the Police. This continues the downwards trend observed over the previous 10 years.



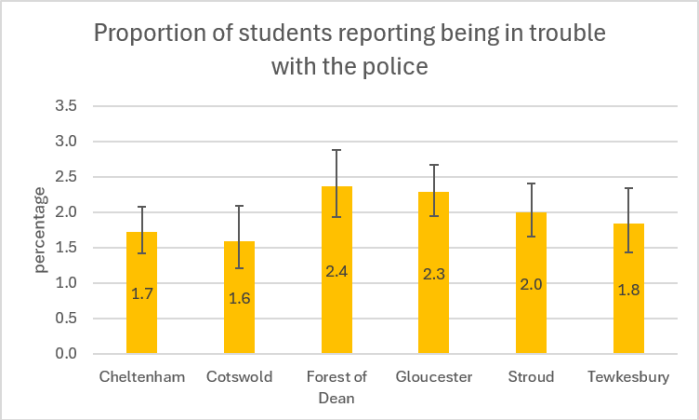
Males were more than twice as likely to report being in serious trouble with the Police than females (2.5% vs. 1.0%). Students aged 13-15 were the most likely to report being in serious trouble with the Police. This has been the case over the last 10 years.



Students from the following groups were more likely to say they had been in serious trouble with the Police:

- Those known to social care (*OR 4.6*)
- Those reporting 4+ adverse childhood experiences (ACEs) (*OR 4.1*)
- Neurodivergent students (*OR 3.2*)
- Those who were young carers (*OR 2.9*)
- Those with a disability (*OR 2.8*)
- Those regularly bullied (*OR 2.8*)
- Those eligible for FSM (*OR 2.8*)
- Those with low mental wellbeing (*OR 2.7*)
- Those with SEND (*OR 2.7*)

There was no significant difference in the proportion of students reporting being in serious trouble with the Police by district of school, although, the proportion was highest in Forest of Dean district and lowest in Cotswold district.



Personal safety

Key takeaways:

Feeling safe: Most students feel safe at home and school, with feelings of safety at school improving significantly since 2024.

Running away: Running away from home is uncommon (2.8%) and has continued to decline since 2016, although rates are higher among vulnerable groups.

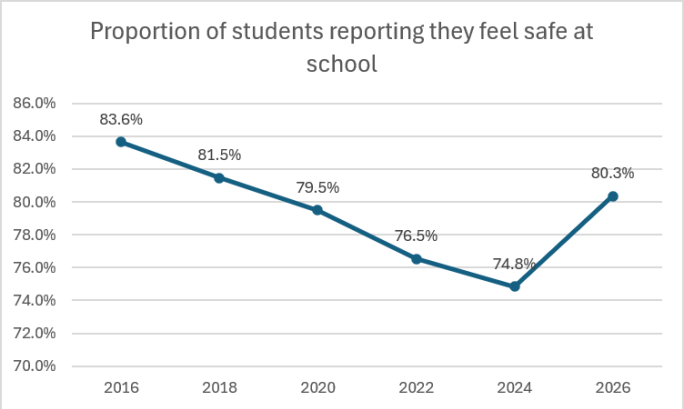
Self-harm: Self-harm has fallen significantly since its post-pandemic peak, with levels in 2026 returning to those seen in 2018.

When a child feels safe, they feel able to make friendships and relationships, to explore, and try new things. Students who feel safe tend to have better emotional health and are less likely to

engage in risky behaviours[19]. That sense of safety contributes to an overall feeling of connection, in contrast students who feel insecure, play and explore less, and have more difficulty with peer relationships[20].

Feeling safe

The proportion of students saying they felt safe at school was significantly higher in 2026 (80.3%) than it was in 2024 (74.8%) and has reversed a declining trend.

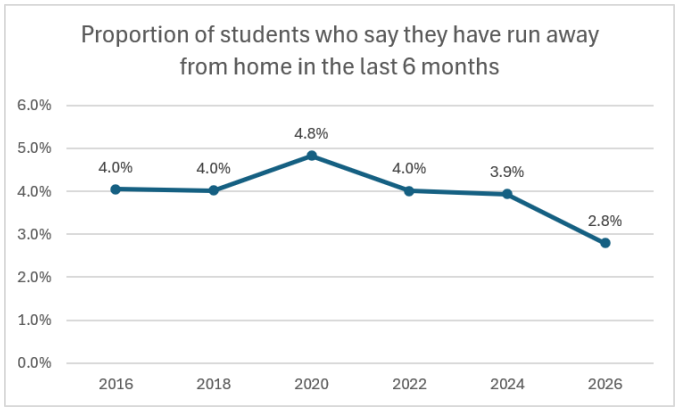


Students tend to feel less safe in the secondary phase (70.2%), with students in Year 10 having the lowest proportion of students who say they feel safe in school (69.6%). Females were significantly less likely to report feeling safe at school than males (80.7% vs 82.2%)

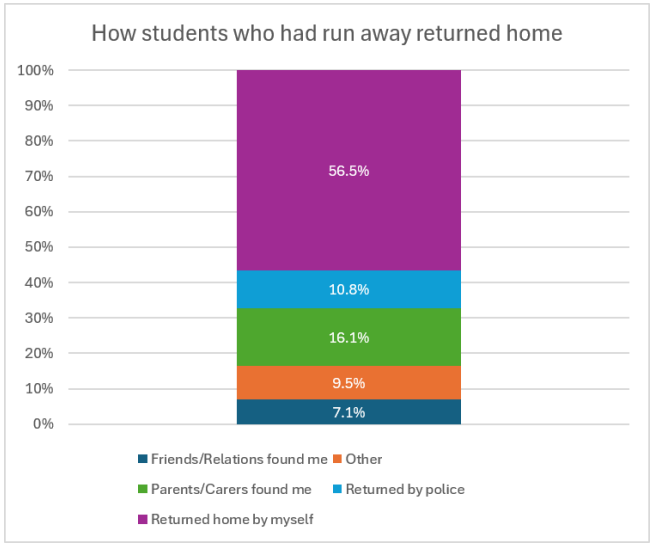
The proportion of students saying they feel safe at home has been similar since 2016 but has increased slightly between 2024 and 2026 to 94.4%. Females were significantly less likely to report feeling safe at home than males (94.3% vs 95.1%)

Running away

In 2026 2.8% of students said they had run away from home in the last 6 months, this was a reduction since 2016.



Of those who had run away the majority (56.5%) returned home by themselves, 10.8% were returned home by the Police.



Students from *Traveller of Irish heritage* (9.7%), *Black Caribbean* (8.0%) and *White Irish* (6.0%) ethnicities were more likely to report running away from home. Students known to social care[21] were 5 times more likely to say they had run away from home in the past 6 months than those not known to social care. Neurodivergent students were 4 times more likely to have run away from home in the past 6 months.

Students from settings in the Tewkesbury district were slightly more likely to report running away from home (3.3%), but all districts were in line in 2026.

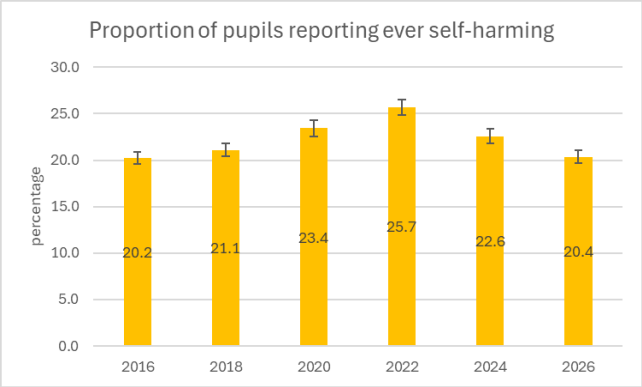
[19] https://www.sciencedirect.com/science/article/pii/S0883035525002010

[20] https://www.kidsdata.org/blog/?p=10021

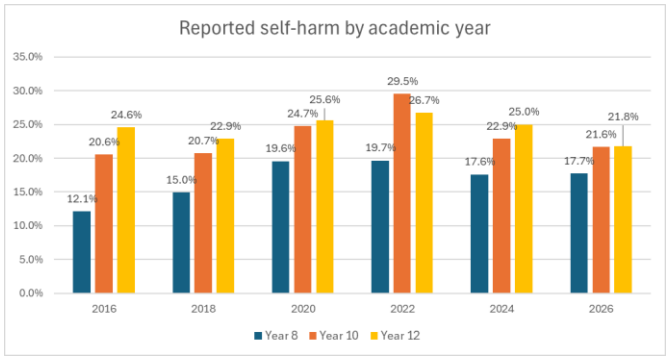
[21] Those reporting being a child in care, a care leaver or having a family social worker

Self-harm

Questions relating to self-harm are asked to students in Years 8, 10, 12 and 13. Between 2018 and 2020 and between 2020 and 2022, reported self-harm increased significantly. Since the pandemic, levels have been reducing significantly with 2026 data showing that Gloucestershire is back in line with the 2018 figure of 1 in 5 young people reporting self-harm.



Between 2016 and 2022, the greatest increase in the number of students reporting self-harming behaviour was among Year 10 students (+8.9 percentage points). Between 2022 and 2026, Year 10 students also had the largest reduction in self-harm reporting (-7.9 percentage points). Between 2016 and 2022, the number of Year 8 students who reported self-harming also saw a substantial increase. However, between 2024-2026, in contrast with the older age groups there has been a stabilisation rather than a reduction in rates.



More detail around self-harm is included in the *Mental Health and Wellbeing in Children & Young People report*.

Early Sexual Debut (ESD)and unsafe sex

Key takeaways:

Consent and healthy relationships: Understanding of consent is high and has improved significantly since 2020, with 95.9% of students reporting they understand consent in a healthy relationship.

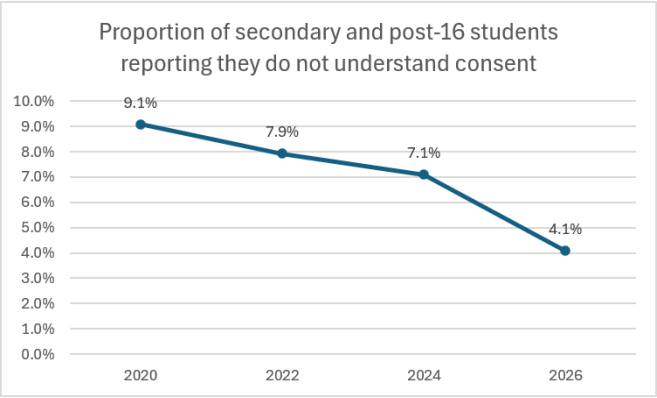
Early sexual debut: Early sexual debut has been decreasing since 2018, though a slight increased since 2024 was observed this year. Over half of sexually active students report first having sex before the age of consent.

Unsafe sex: Around one in four sexually active students reported having unprotected sex the last time they had intercourse, with levels increasing since the pandemic.

Consent and unhealthy sexual relationships

There was a significant increase in the proportion of students reporting they understood consent between 2020 and 2026 (90.9% vs. 95.9%).

In 2026 4.1% of students (in Year 8 and above) report not understanding consent in a healthy relationship. This is significantly lower than in 2020 (9.1%).



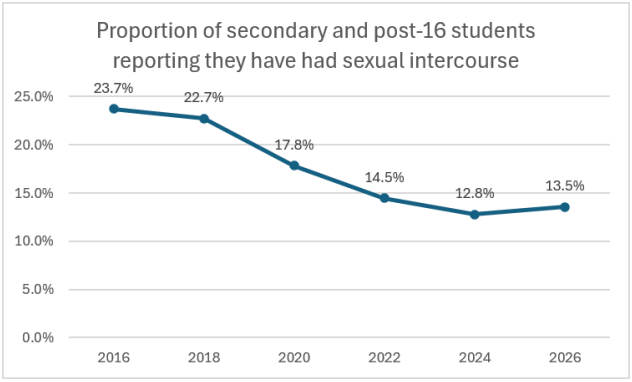
The proportion reporting understanding consent increases between Year 8 and Year 10 (probably due in part to when this is taught in the PSHE curriculum); however, males are less likely to report understanding consent than females at all ages.

Understanding consent appears to be higher in students from the least deprived backgrounds, at 98.2% in students from selective settings and 97.1% in students in independent settings compared to 93.9% in students from quintile 1 (most deprived) settings. Students in special settings were the least likely to say they understood consent (82.1%).

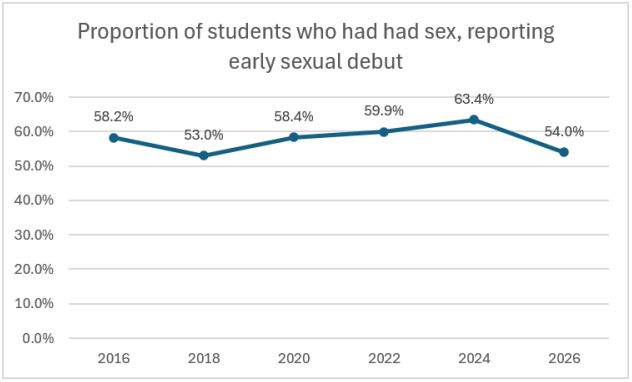
Students from *Bangladeshi* (89.2%), *Black African*, (92.2%) and *white Irish* (91.5%) backgrounds were significantly less likely to say they understood consent than their *white British* peers.

Early sexual debut

The chart below shows the proportion of students reporting having sexual intercourse had been decreasing steadily since 2018. However, there has been a slight increase between 2024 and 2026.



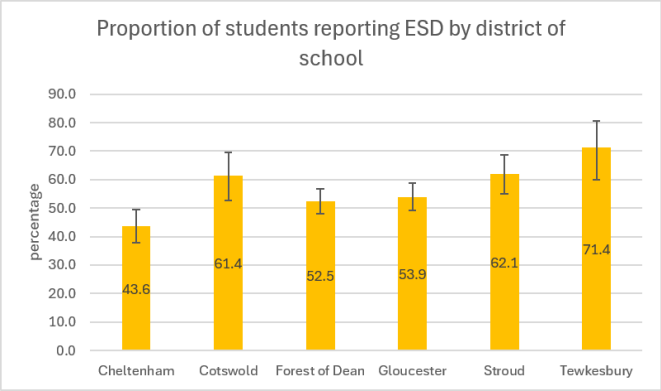
Over half (54.0%) of students who had intercourse had Early Sexual Debut (ESD) - sex under the legal age of consent. This had been increasing slowly since 2016 but has reduced significantly between 2024 and 2026.



There was no difference in likelihood of reporting ESD between the sexes. There was also no significant difference between different ethnic groups and levels of ESD.

Students in Tewkesbury settings were significantly more likely to report ESD than students in settings in Cheltenham, Forest of Dean and Gloucester

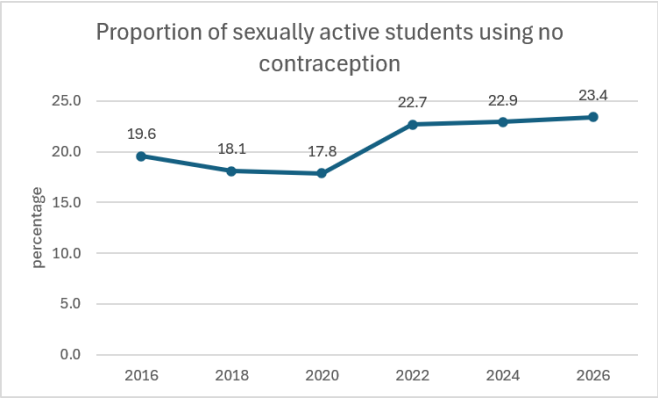
districts; students in Cheltenham settings were significantly less likely to report ESD than students in all other districts.



Unsafe sex

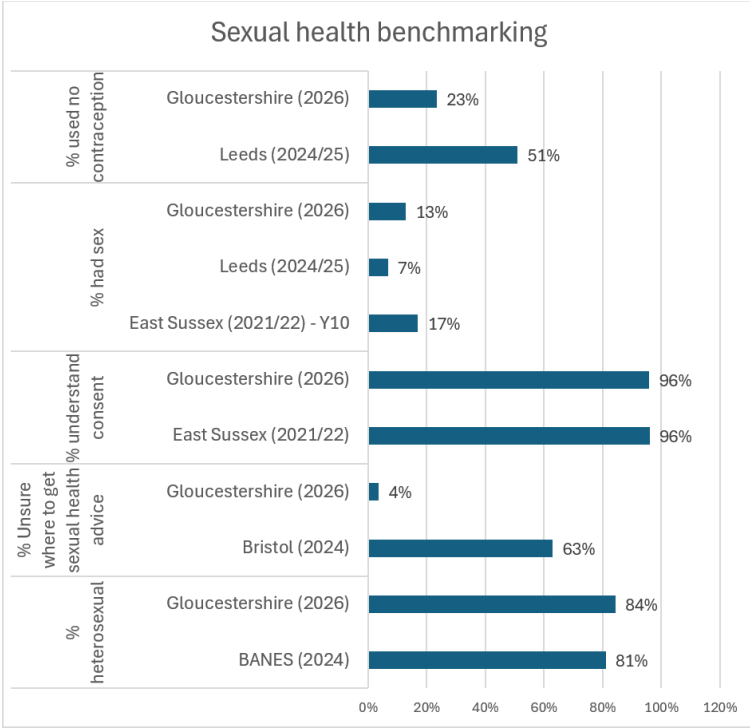
The majority of students who had intercourse protected themselves by using a condom the last time they had sex (51.6%), this was higher in males than females (55.5% vs.47.6%). A third of students said either they or their partner had used the contraceptive pill the last time they had sex; this was higher in females than males (44.0% vs. 32.4%).

In 2026 23.4% of students who had intercourse reported using no protection the last time they had intercourse and a further 1.8% reported using emergency contraception after the last time they had intercourse. The proportion of students saying they used no contraception increased after the pandemic and has increased between 2024 and 2026.



Benchmarking sexuality and sexual activity

The chart below shows benchmarking where available for some sexual health indicators.



The benchmarking suggests the proportion of students having sex in Gloucestershire is within the range of the two available comparator surveys. Although the proportion of students using no contraception or knowing where to go for sexual health advice appears to be significantly lower in Gloucestershire.

Unhealthy sleep patterns

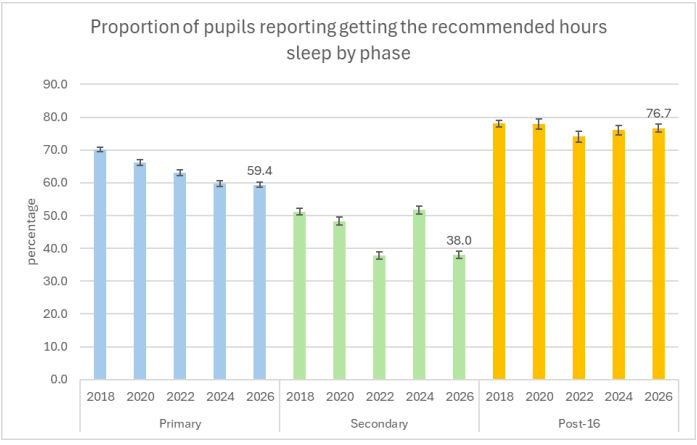
Key takeaway:

Unhealthy sleep patterns: Recommended sleep levels have fallen significantly since 2018, particularly among secondary-aged students, with poorer sleep strongly associated with lower mental wellbeing.

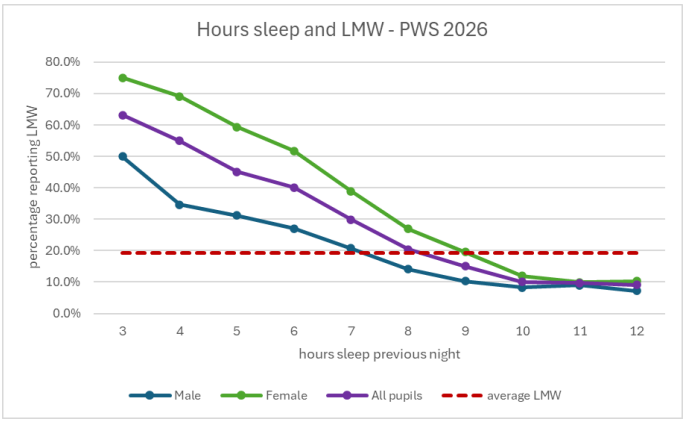
Sleeping for an adequate number of hours each night also seems to have a positive effect on mental health. Whilst there is no hard and fast rule for how much sleep a child needs, the general guide is; 10-11 hours for 7-12-years-olds, 8-9 hours for teenagers, and 7+ hours for adults. In the survey we categorise sleeping for the recommended hours if a primary phase student has had 10 or more hours sleep, a secondary phase student has 9 or

more hours sleep and a post-16 phase student has 7 or more hours sleep.

In 2018, 65.6% of all students reported getting the recommended number of hours sleep. In 2026, this had fallen significantly to 55.7%. In 2026, the proportion of students getting the recommended number of hours sleep is the lowest amongst in the secondary phase with only a third (38.0%) reporting sleeping the recommended amount. However there has also been a steady decline in the number of primary students getting the recommended amount between 2016 and 2024. Older students in the post 16 phase were the most likely to say they got the recommended number of hours sleep (76.7%). Between 2024 and 2026 there has been a stabilisation in primary students reporting getting the recommended sleep but a significant reduction in secondary students. In post-16 students, the proportion reporting getting the recommended sleep has been consistent between 2022 and 2026.

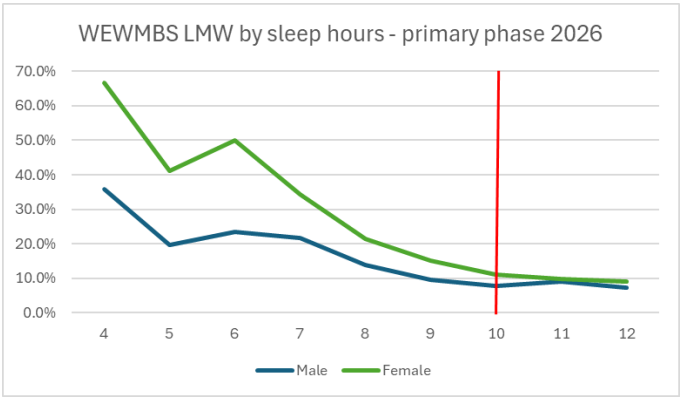


The chart below shows a clear correlation between sleep and wellbeing; the less sleep a student gets the more likely they are to report LMW. However there appears to be a difference between the sexes. A male reaches the average LMW value if they are getting 7+ hours sleep per night, however females don't reach this until they sleep 9+ hours sleep per night. This suggests lack of sleep has more of an impact on female wellbeing.

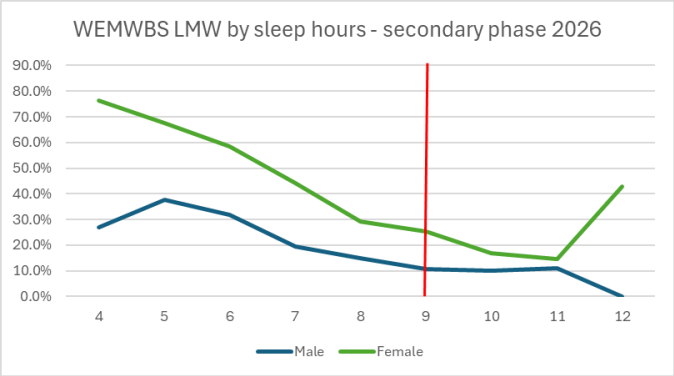


The effect of sleep on wellbeing appears to plateau for both sexes at around 10 hours. The beneficial effect of sleep on wellbeing for females is further highlighted by the difference in wellbeing between those who get very little sleep (3 hours) and those who get 12 hours – there is a 64.7 percentage point difference in the proportion reporting LMW, in contrast the effect in males is smaller with a 42.8 percentage point difference.

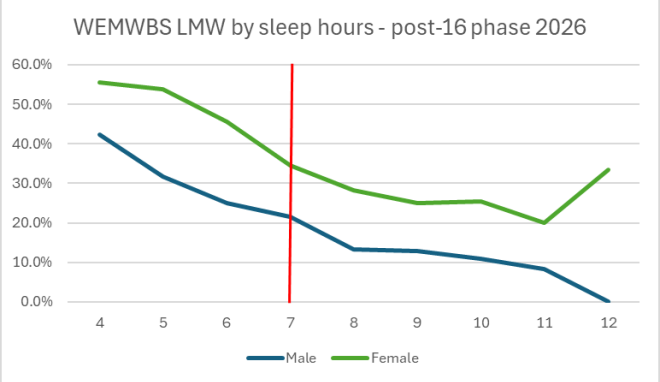
For both male and female students in the primary phase, the beneficial impact of sleep on wellbeing plateaus after the recommended number of hours sleep is reached.



For both male and female students in the secondary phase, the beneficial impact of sleep on wellbeing continues after the recommended number of hours sleep is reached.



A similar pattern is seen for all students in the post-16 phase.



Students who get the recommended sleep are less likely to report eating unhealthy food (49.4% vs 54.0%), sugary drinks (12.1% vs. 18.8%) and energy drinks regularly (2.1% vs. 4.4%).

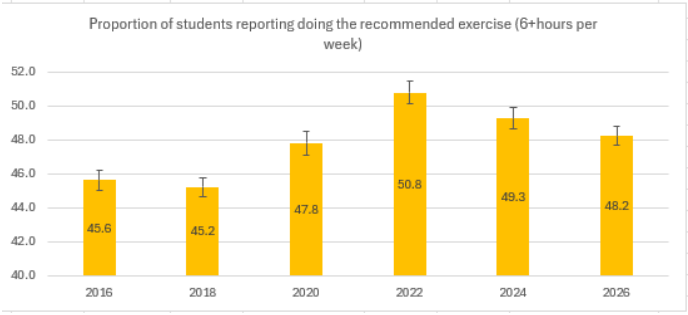
Lack of exercise

Key takeaway:

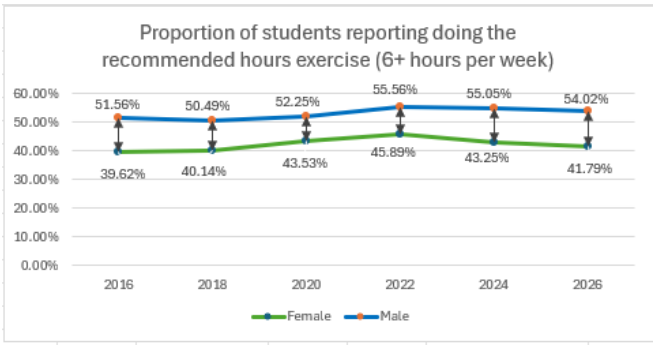
Lack of exercise: Fewer than half of students achieve recommended activity levels, with lower participation among girls, more deprived students and several vulnerable groups.

In 2026 48.2% of all students completing the PWS reported doing the recommended level of physical activity (6+ hours).

The levels of exercise of students in Gloucestershire had been rising between 2016 and 2022; however, this has been decreasing between 2022 and 2026. Exercise levels have reduced between 2024 and 2026 but not significantly so.

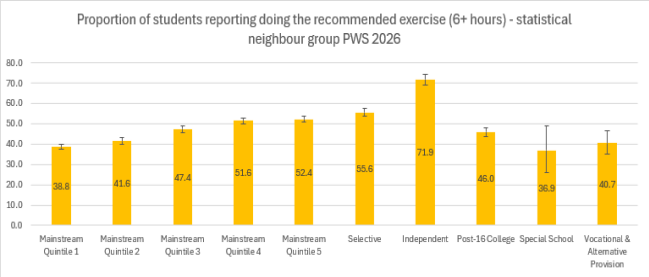


Girls and young women are less likely to report doing the recommended amount of exercise than boys and young men. Since 2016 the gap between the sexes had been reducing, from 11.9 percentage points in 2012 to 9.6 percentage points in 2022. However, in 2026 the gap has increased to 12.2 percentage points. During this period levels of exercise in girls and young women had been increasing slowly whereas there was a significant drop in the level of exercise in boys and young men between 2012 and 2018. Since 2022 exercise levels reported by boys and young men has stabilised and levels in girls and young women has started to reduce again.



Levels of exercise change as a student gets older. In 2026 the peak participation overall occurs in Year 8 (56.5%) and Year 10 (54.0%). Historically increased proportions of students reporting doing the recommended exercise appeared to be attributable to an increase in levels in older pupils (Year 10 and Year 12). However, the reduction between 2022 and 2024 appears to be due to a drop in Year 12 pupils exercising. Levels of reported exercise tends to rise year on year from Year 4 to Year 8, however this year, there are declines in Year 4 – Year 6. There is a link between doing the recommended exercise and deprivation. In 2026 students in independent settings reported a significantly higher level of exercise than any other group (71.9% doing the recommended amount, which shows an increase from 2024, 66.8%).

This may be attributed to having better accessibility to active pursuits in terms of time, location and financial accessibility.

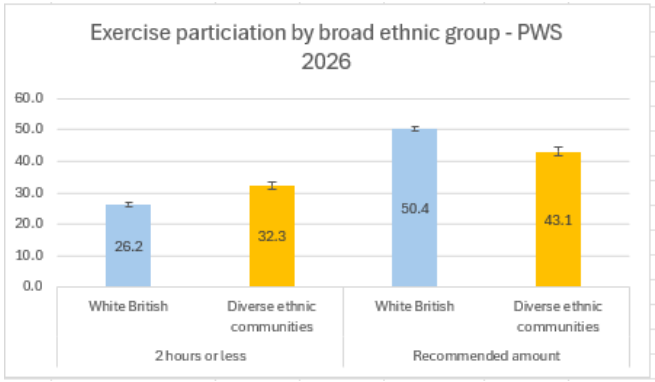


Students at special schools reported the lowest level of exercise (36.9% did the recommended amount). Research suggests children and young people with a disability are less likely to report doing the recommended level of exercise and to find it harder to access appropriate activity and exercise[22].

Settings where the majority of students live in IMD quintile 1 report significantly lower levels of exercise, those schools where the majority of students live in IMD quintile 5 and those at Selective schools had significantly higher levels of exercise. This suggests students experiencing the highest deprivation are the least likely to report doing the recommended level of exercise. This could be attributable to lack of affordability of sports equipment/exercise clothing, subs/fees for classes or sports clubs, cultural social constraints, or schools putting more focus on improving academic achievement in the most deprived areas.

Students who identified as non-heterosexual or transgender reported the lowest activity levels, significantly lower not just than the average but than all other vulnerable groups.

Exercise levels varies across different ethnic groups, broadly students from diverse ethnic communities are significantly less likely to report doing the recommended amount of exercise than their white British peers and statistically more likely to report doing little or no exercise.



Exercise has many direct physical benefits; it also indirectly impacts physical health as those who do the recommended amount of exercise also report making other healthy life choices and behaviours; these associations are likely to be bi-directional.

Students who reported doing the recommended amount of exercise were

- significantly more likely to say they eat 5+ portions of fruit and veg a day than those who do little or no exercise (34.1% vs. 19.8%)
- significantly more likely to report they had healthy food available at home (91.3% vs. 79.8%).
- slightly less likely to report missing at least 10% of education sessions in the previous term (22.4% vs. 18.0%)
- less likely to smoke regularly (1.0% vs. 1.8%).
- more likely to report getting the recommended amount of sleep than those

[22]Public Health England 2020

who did little or no exercise (53.3% vs. 50.3%)
- more likely to have average screen time use compared to those who did little or no exercise
- more likely to report feeling able to deal with problems well 'often/all of the time'
- more likely to say they had someone to turn to if they had a problem

Exercise has been shown to be a key contributor to mental wellbeing. As the number of hours exercise undertaken increases, the proportion of students reporting LMW decreases. This is observed for both sexes and at every education phase.

The correlation has a R^2 value of 0.9 suggesting it is a strong correlation. The NHS recommend that 5 to18 year-olds should aim for at least 60 mins of physical activity each day across the week . It is interesting to note that the effect of exercise on mental wellbeing appears to plateau at 7 hours for males and females.

More information about exercise participation and the impact of exercise is available in the *Exercise, children & young people report*.

Unhealthy Internet use

Key takeaways:

Screen time usage: Excessive screen time remains common, with over one-quarter of students reporting 7+ hours per day, particularly older students and those from more deprived backgrounds.

Behaviours linked to excessive online usage: Higher screen time is associated with poorer wellbeing, weaker friendship confidence and greater engagement in potentially harmful online activities.

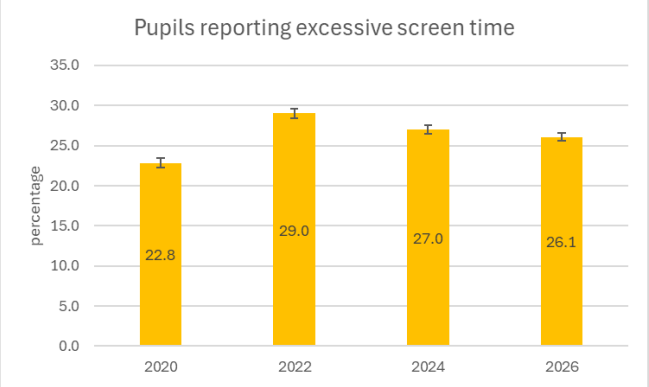
Social media use: Social media activity, particularly watching and posting content, is associated with a higher likelihood of low mental wellbeing, especially among female students.

Extended screen time has become increasingly normal for children and young people. Research[23] suggests that between 2020 and 2022 there was a 52% increase in children's screen time, and that nearly 25% of children and young people use their smartphones in a way that is consistent with having a behavioural addiction.

Screen time usage

In the UK, the average media/screen usage of a teenager is estimated to be 6-7 hours per day[24]. In 2026, the mean amount of screentime was 4-6 hours for students in both secondary and post-16 phases and between 0-3 hours for primary phase students. An Ofcom study published in 2025[25] used passive monitoring technology and found that children aged 8-14 had on average 3 hours online across all devices, which is in line with the PWS primary student reported time. Excessive media/screen time has been classified in the survey for students who report having 7+ hours of media/screen time per day.

In 2026, 1 in 4 (26.1%) students reported excessive media/screen time. This was lower than in 2024 (27.0%) but still above the 2020 figure (22.4%).

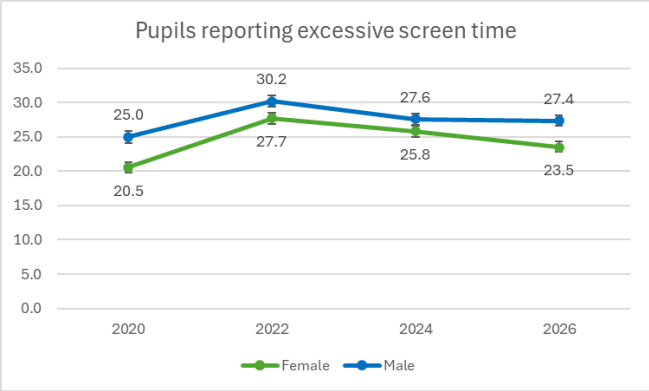


Males were significantly more likely to report excessive screentime.

[23] Screen time: impacts on education and wellbeing - Education Committee (parliament.uk)

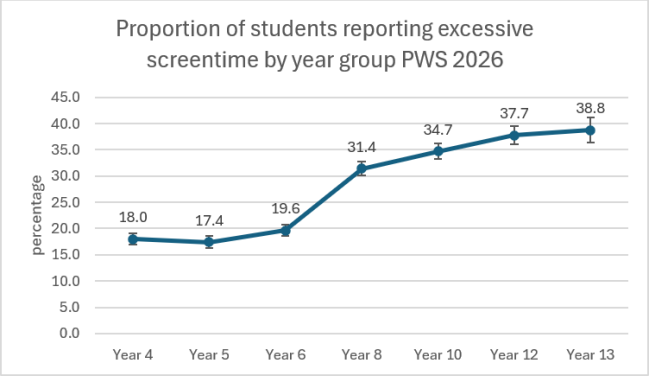
[24] https://www.ofcom.org.uk/__data/assets/pdf_file/0025/217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf

[25] https://www.ofcom.org.uk/media-use-and-attitudes/media-habits-children/top-trends-from-our-latest-look-at-uk-childrens-online-lives



There was no significant difference between students from diverse ethnic communities and *white British* students reporting excessive media/screen time, however students from *Black* backgrounds, *Gypsy/Roma* and *White Eastern European* backgrounds were significantly more likely to report excessive screentime than *white British* students.

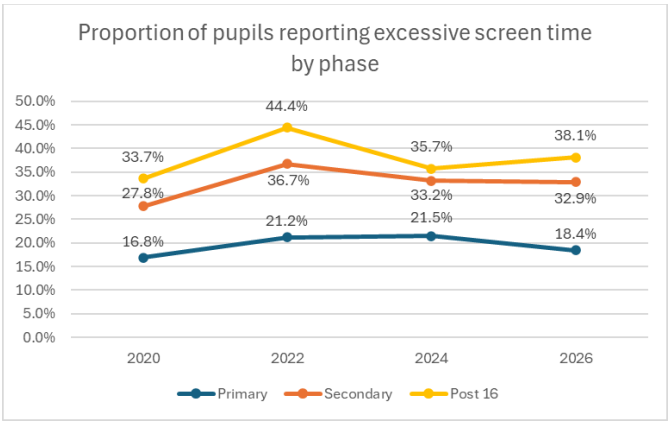
The chart below clearly shows that the older students become, the more screentime they engage in.



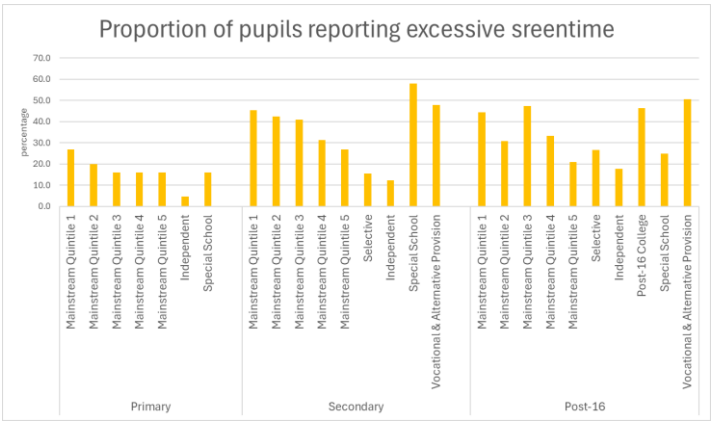
In the transition to secondary education there is a significant increase in screentime, from 19.6% in Year 6 to 31.4% in Year 8. There is also a significant increase in excessive screentime between Year 8 and Year 10. There is no significant increase year on year between Year 10, Year 12 and Year 13 students, however there is a significant difference between students in Year 10 and students in Year 13.

Following a reduction in excessive screen use by secondary and post-16 students in 2024, the most recent survey shows that this has increased in post-16 students.

Between 2022 and 2024, the proportion of students in the primary phase reporting excessive screen time remained stable, with a slight reduction in 2026.



There appears to be a correlation between media/screen usage and deprivation at every phase. Students in the most deprived quintile were significantly more likely to have excessive media/screen usage than those in the least deprived areas, although there was some variation across quintiles for post-16 students.



Students engaging in excessive screentime were significantly less likely to say they found it easy to make and keep friends (48.9% vs. 56.3% respectively). This was the same across all phases.

Gaming online with others was the most popular online activity across all students regardless of time spent engaged in screentime.

Students engaging in excessive screen time were significantly more likely to report one of the following being in their top 3 online activities:

- Gaming online with others

- Watching videos on social media (TikTok, Instagram, YouTube etc.)
- Keeping in touch with friends (messaging on any media)
- Posting my own social media
- Gambling

This compares with students who spend an average amount of time using a screen reporting that they were significantly more likely to engage in

- Keeping up with current affairs/news
- Learning a new skill e.g. a language
- Watching TV – either on demand or live

Children who spend too much time using online media can be at risk of:

- **Insufficient and inadequate sleep**. Media use can interfere with sleep[26].
- **Being overweight**. Teens who watch more than 5 hours of TV per day are 5 times more likely to be overweight than teens who watch 0 to 2 hours[27].
- **Delays in learning & social skills**. This could be because they don't interact as much with their parents and family members[28].
- **Negative effect on educational performance**. Children and teens often use entertainment media at the same time that they're doing other things, such as homework[29].
- **Behaviour problems**. Violent content on TV and screens can contribute to behaviour problems in children, either because they are scared and confused by what they see, or they try to mimic on-screen characters[30].
- **Problematic internet use**. Children who spend too much time using online media can be at risk for a type of additive behaviour called problematic internet use[31].
- **Risky behaviours**. Teens' displays on social media often show risky behaviours, such as substance use, sexual behaviours, self-injury, or eating disorders. This can influence others and lower the age of initiation[32].
- **Sexting, loss of privacy & predators**. Teens need to know that once content is shared with others, they may not be able to delete it completely.
- **Cyberbullying**. Cyberbullying can lead to short- and long-term negative social, academic, and health issues for both the bully and target.

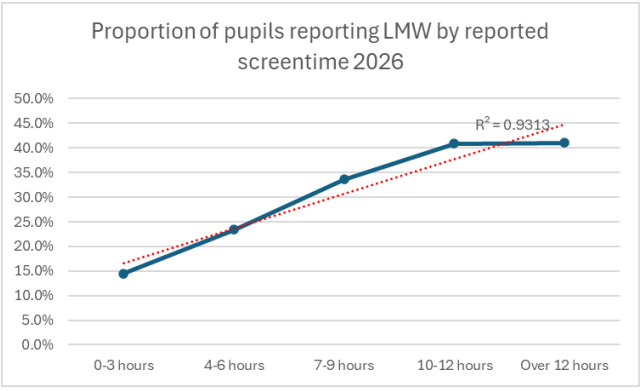
Behaviours linked to excessive online usage

Media interfering with sleep

In 2026, 4.7% of those who reported they woke in the night stated that this was because they woke to check or send messages or play games on their phone/tablet/computer, which is lower than in 2024 (6.8%).

[26] Youth screen media habits and sleep: sleep-friendly screen-behavior recommendations for clinicians, educators, and parents
[27] Screen Media Exposure and Obesity in Children and Adolescents
[28] Parenting Matters: Supporting Parents of Children Ages 0-8
[29] Associations between screen use, learning and concentration among children and young people in western countries: a scoping review
[30] Screen violence: a real threat to mental health in children and adolescents
[31] Problematic internet use: A growing concern for adolescent health and well-being in a digital era
[32] Social Media Effects Regarding Eating Disorders and Body Image in Young Adolescents

Higher screen time appears to be directly correlated with LMW. As screen time increases so does the proportion of students reporting LMW. This is observed at all phases of education and in both sexes.



Students engaging in excessive screen use in all phases and across both sexes, were over twice as high to report LMW, except in post 16 females (*OR 1.8*).

In all phases and both sexes likelihood of LMW and excessive screen time was over twice as high as those with average or below screen time). Having excessive screen time appears to have the most profound effect on secondary aged females when the likelihood of LMW was 3 times higher than those with average or below average screen usage (*OR 2.9*).

Whilst this indicates a strong correlation it doesn't imply causation.

Those who reported doing the recommended level of exercise were more likely to have average screen time use compared to those who did little or no exercise. Over 1 in 3 of those who did little or no exercise (less than 1 hour per week) reported having 7+ hours screen time a day compared to less than 1 in 5 of those who did a lot of exercise (8+ hours exercise per week).

Relationship between exercise and screen time PWS 2026 - minus not answered		
	Screen time per day	
Hours exercise per week	0-6 hours	7+ hours
under 1 hour	61.2%	38.8%
2 hours	70.1%	29.9%
4 hours	73.5%	26.5%
6 hours	76.8%	23.2%
7 hours	78.5%	21.5%
More than 8 hours	79.2%	20.8%

Social media use

Since 2024, students have been asked to select and rank their top online activities. In 2026, a quarter (25.7%) of students said *watching videos on social media (TikTok, Instagram, YouTube etc)* was their top online activity and two-thirds (65.4%) that it was in their top 3 online activities.

Students who cited watching videos on social media in their top 3 online activities were almost twice as likely to report LMW than those for whom it wasn't in their top 3.

Although a smaller proportion of students in less deprived areas report watching social media videos as a top activity, those who do are more likely to experience low mental wellbeing. This could suggest there are more significant factors affecting wellbeing associated with deprivation than *Watching videos on social media (TikTok, Instagram, YouTube etc.)*.

6.3% said *posting my own social media* was one of their top 3 online activities and 0.4% that it was their top online activity. These figures have both reduced since 2024.

Around a third of students who had *posting my own social media* as one of their top 3 online activities in all mainstream settings reported LMW. The odds of having LMW in students who cited *Posting my own social media* was one of their top 3 online activities was significantly higher than those who didn't (*OR 2.4*). However, there was little difference in the odds of LMW by statistical neighbour group except in post-16 settings.

The impact of social media usage appears to be more pronounced in female than male students. Female students who report *watching videos on social media* as one of their top 3 online activities are 2.5 times more likely to report having LMW compared with 1.2 times in male students. Similar figures are observed in female and male students

who report *posting their own videos* as one of their top three activities, (*OR 2.3* vs. *1.8*).

Again, differences between rates of reported LMW in female and male students who engage with this online behaviour was observed. There is a significant difference between females engaging in this online activity reporting LMW (28.7% vs. 18.4%) and those who don't, but no significant difference in wellbeing for males.

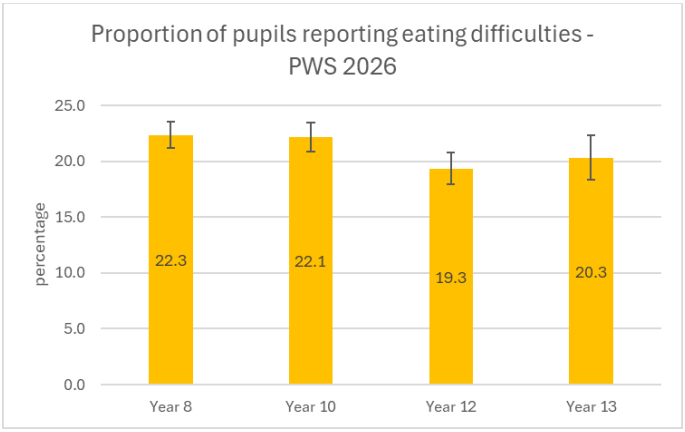
There is no higher likelihood of LMW if *keeping in touch with friends (messaging on any media)* is cited as a top 3 online activity by; age, overall screen usage, or real-world friendship confidence.

Eating difficulties

Key takeaway:

Eating difficulties: One in five secondary and post-16 students report eating difficulties related to body image, with much higher rates among females and those with poorer mental wellbeing.

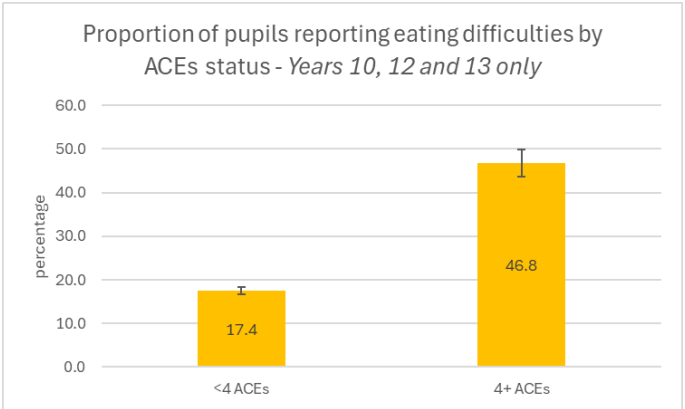
In 2026, a revised question about eating difficulties was introduced. Overall, 1 in 5 secondary and post-16 students reported they had *experienced eating difficulties in response to how they felt about their weight, shape or body*. Females were three times more likely to report experiencing eating difficulties (32.7%) than males (9.4%). The proportion of students reporting eating difficulties reduces between secondary and post-16 phases.



Students in the mainstream quintile 5 (17.9%) and independent settings (16.3%) were the least likely to report eating difficulties, Students eligible for FSM were significantly more likely to report eating difficulties (30.7%) than those not eligible (19.9%), however, there doesn't appear to be a clear link with deprivation

Students at settings in Tewkesbury were the most likely to report eating difficulties (24.3%), whilst students in Forest of Dean settings were the least likely (20.1%).

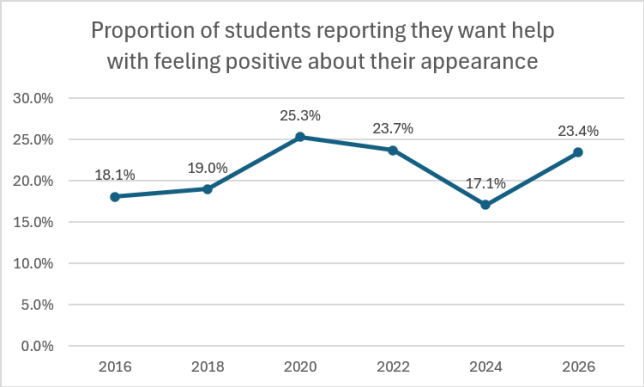
Students reporting 4+ ACEs were two and a half times more likely to report eating difficulties than those with less than 4 ACEs.



Around 1 in 6 students who did over 8 hours of exercise a week say they want more help to lose weight. This suggests an unhealthy relationship with food and weight. This has been a similar proportion since 2012 (16.6%).

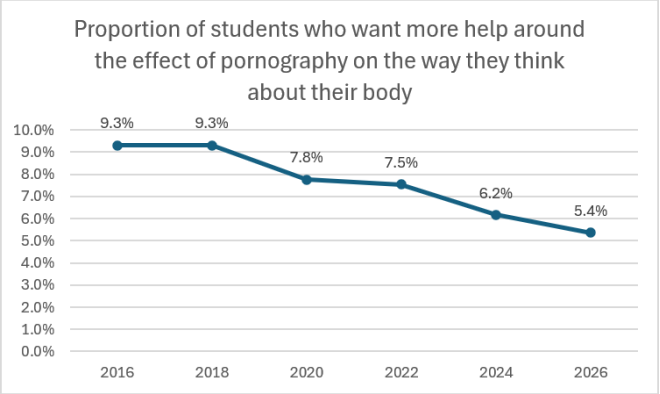
23.4% of secondary and post 16 students in 2026 said they wanted more help with feeling positive about their appearance. This was higher in females (33.5%) than males (15.6%). Wanting help to feel

positive about their appearance has fluctuated in recent years.



Body image appears to be particularly problematic in female Year 8 and Year 10 students. Over 2 in 5 students with low mental wellbeing said they wanted more help with feeling positive about their appearance, compared to 1 in 5 of those with average mental wellbeing and 1 in 14 of those with high mental wellbeing, suggesting body image and body dysmorphia may have a significant impact on mental wellbeing.

In 2026 there was a reduction in the proportion of students who said they wanted more advice about the *Effect that the media, pornography and internet has on the way I feel about my appearance*.



This was higher in females compared to males and was associated with LMW.

Accessing health services

Key takeaways:

Oral health: Oral health inequalities persist, with poorer outcomes among more deprived students and those in special settings.

Mental wellbeing support: One in four students have received mental health support, but unmet need and access barriers remain.

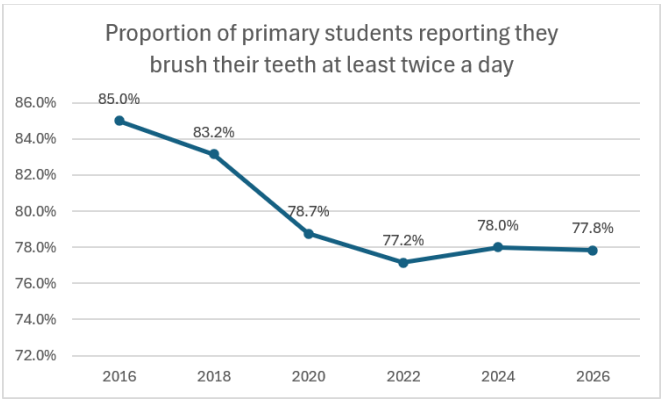
Self-harm support: Most students who receive support for self-harm find it helpful, though many still do not seek help.

Contraception and sexual health: Most students report having someone to turn to for sexual health advice, although students from diverse ethnic communities are less likely to report having support.

Oral health

Poor dental health impacts not just on the individual's health but also their wellbeing and that of their family. Children who have toothache or who need treatment may have pain, infections and difficulties with eating, sleeping and socialising[33].

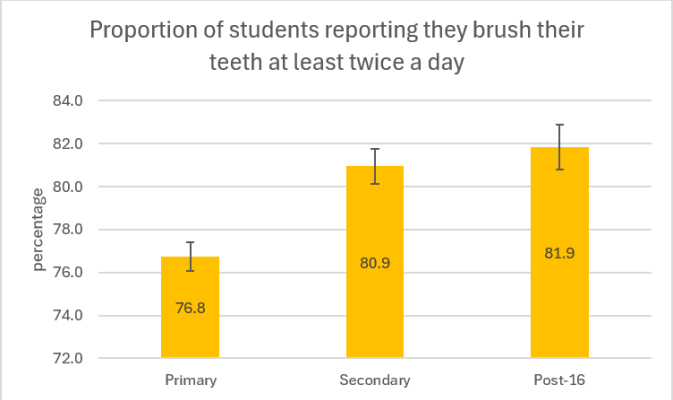
Before 2026 only primary students were asked about oral hygiene. The proportion of primary aged students reporting they brush their teeth twice a day or more had been reducing steadily from 85.0% in 2016 to 77.2% in 2022, however, it has stabilized over the last 3 surveys and was 77.8% in 2026.



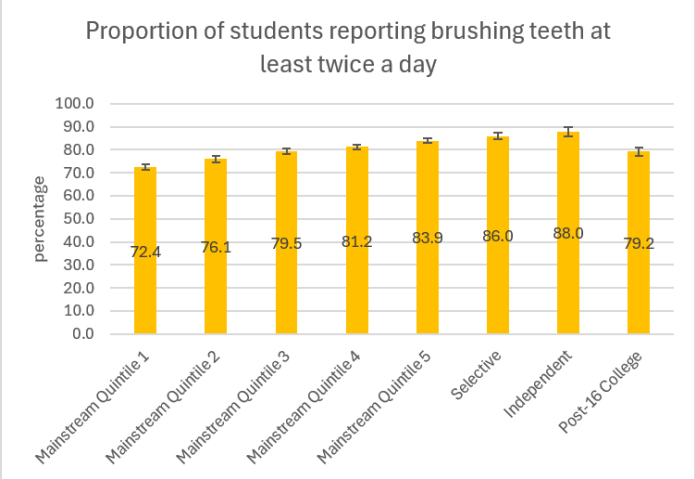
In 2026 all students were asked about their oral hygiene, primary students were significantly less

[33] https://pubmed.ncbi.nlm.nih.gov/23744240/

likely to report brushing their teeth at least twice a day compared to secondary and post-16 students.

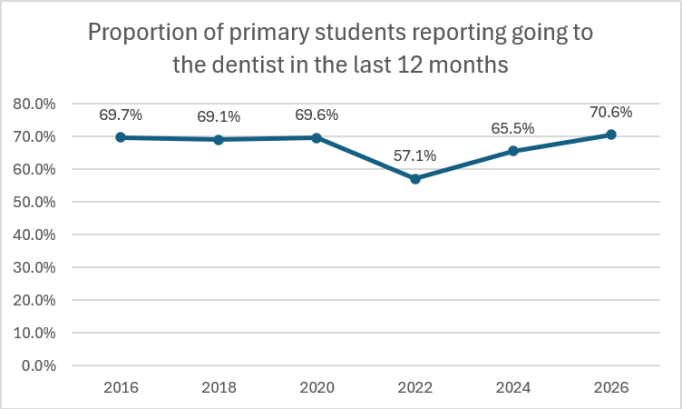


Students from less deprived backgrounds were more likely to report they brushed their teeth twice a day or more.



Students at special settings (59.1%) were significantly less likely to report brushing their teeth twice a day or more, than all the other statistical neighbour groups.

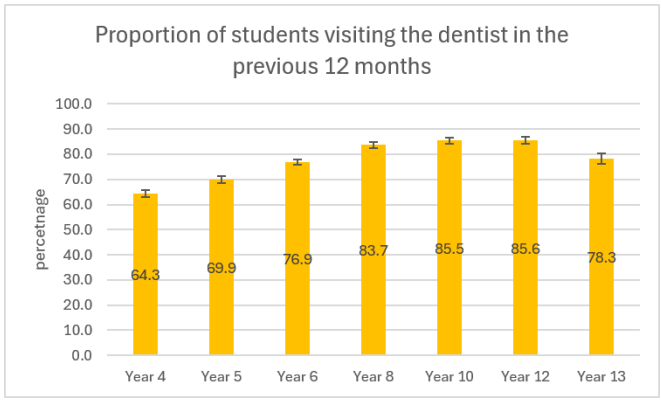
Visiting the dentist regularly also helps maintain oral health. The proportion of students reporting they had visited the dentist in the previous 12 months reduced significantly in the covid period there has been a recovery since.



Students from diverse ethnic communities (72.6%) were significantly less likely to say they had been to the dentist in the last 12 months. This was particularly low in *Black* (57.3%) and *Asian* (71.6%) communities compared to *white British* students (78.5%).

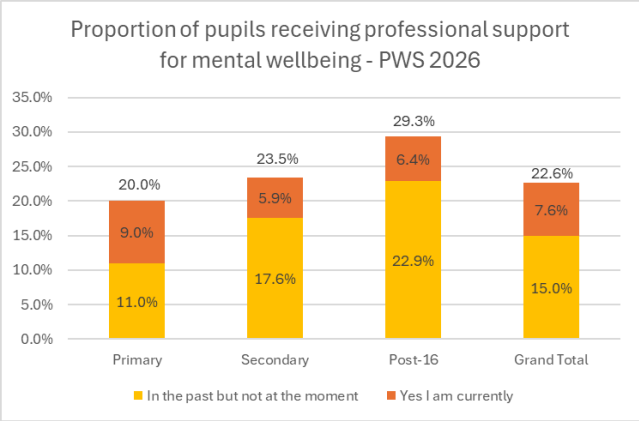
The likelihood of visiting a dentist also reduced as deprivation increased; only 67.6% of students at IMD quintile 1 settings reported visiting a dentist compared to 88.9% of students in selective settings. Students at special settings were the least likely to report visiting the dentist (65.0%) although not significantly.

Older students were more likely to report visiting the dentist than those in younger years.



Support for mental wellbeing

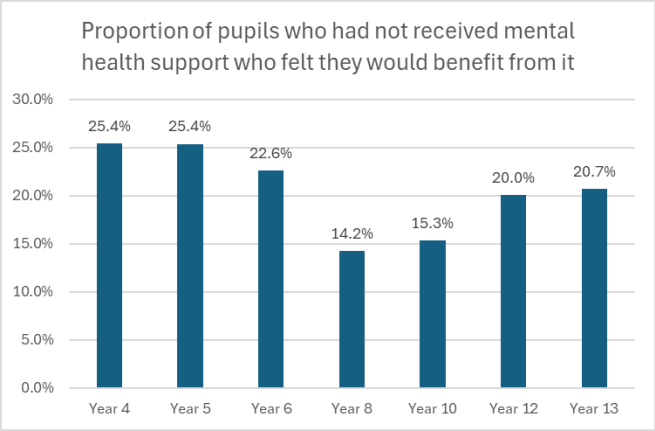
Overall, around 1 in 4 students said they had ever received professional support for their mental wellbeing in 2026. This rose to 1 in 3 of those reporting LMW at the time of the survey.



1 in 14 students (7.6%) reported receiving support for their mental wellbeing at the time of the survey (1 in 8 of those with LMW). This was significantly higher in primary students and lowest in secondary phase students.

The proportion of students reporting they have received support in the past increases with age, and by the post-16 phase around 1 in 5 students have received professional support in the past year.

20.6% of students who were not receiving professional mental health support reported they felt they would have benefitted from it. In the 2024 survey, this increased as students aged, however, in 2026, more primary students felt they would have benefitted from support but had not received it.



Didn't want parents to know (41.4%) and *didn't know who to ask* (37.7%) were the most frequently given reasons for not accessing mental health services when students felt they would be useful. Almost 1 in 3 students reported they hadn't accessed mental health support because they *didn't like talking to strangers* and 1 in 10 that they had *tried but adults didn't take me seriously or understand*.

Students with a disability were more likely to say they didn't receive professional mental health support due to *still being on the waiting list (OR 2.1) or my appointment was cancelled (OR 3.9)*.

Students with SEN/EHCP needs were more likely to say they didn't receive professional mental health support due to *my appointment was cancelled (OR 2.3)*.

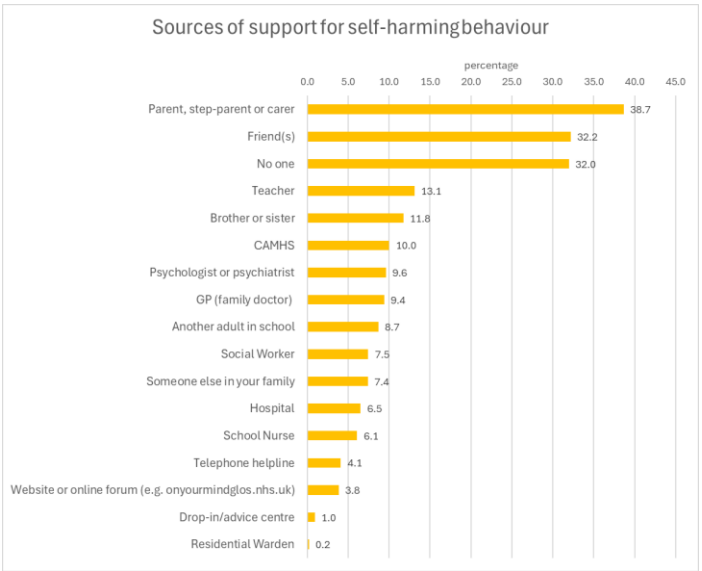
Students with neurodivergence were more likely to say they didn't receive professional mental health support due to *still being on the waiting list (OR 2.1), I tried but adults didn't take me seriously or understand (OR 2.3), and/or it was too difficult to get to my appointment (OR 2.1)*.

LGBTQ+ students were more likely to say they didn't receive professional mental health support because *my appointment was cancelled (OR 3.0)*.

Students who were young carers were more likely to say they didn't receive professional mental health support because they were *still on the waiting list (OR 2.7) or I tried but adults didn't take me seriously or understand (OR 2.3)*.

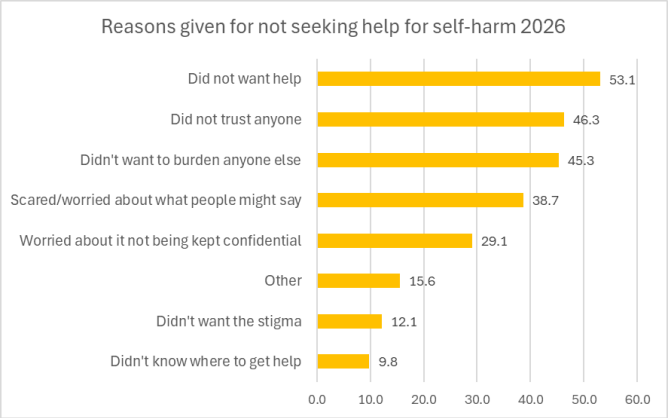
Support for self-harm

In terms of receiving help, a third of students who self-harmed said they received no help from anyone. Parents/carers were the most likely to provide help around self-harm, which is similar to previous years.



69.8% of students who self-harmed and received help said the help was helpful enough, which is significantly higher than in 2024 (63.1%).

Of the students who self-harmed and did not seek help, the most frequent reason given was *'did not want help'*. 46.3% of those who didn't seek help said they didn't trust anyone.

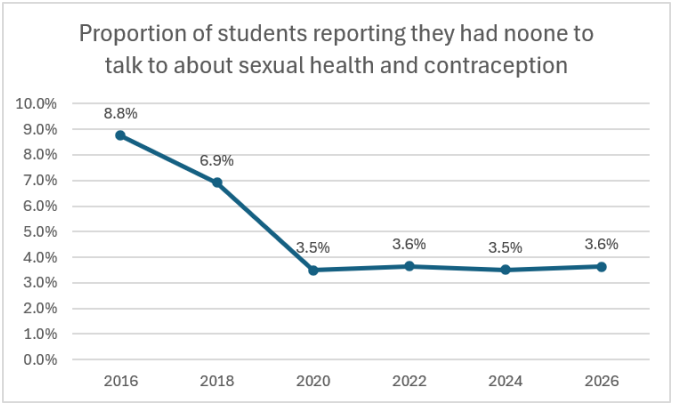


Students who reported self-harm were significantly more likely to have received support from a health professional for their mental health and emotional wellbeing than those with no reported self-harm history (53.3% vs. 17.1%).

Contraception and sexual health advice/support

Adolescence is a time of sexual risk-taking and experimentation but also vulnerability. This can have far reaching consequences, such as unintended pregnancy or sexually transmitted infections (STIs). Those aged 15–24 years continue to be the main group affected by STIs.

The proportion of secondary and post-16 students reporting they had no one to *help and advise about contraception/emergency contraception/not getting pregnant or preventing STIs* has been in line since 2020.



Students from diverse ethnic communities (4.3%) were significantly more likely to report they had no one to support them with sexual health and contraception than *white British* students (3.3%). There was no significant difference in the proportion of students reporting they had no one to support them with sexual health and contraception between students from different statistical neighbour groups. Students in independent settings (1.9%) were the least likely to say they had no one to *help and advise about contraception/emergency contraception/not getting pregnant or preventing STIs*.

In 2026 students were asked if they or their partner had used emergency contraception and if so, how easy it was to access.

253 students said they had used emergency contraception, and the majority (61.3%) said it was *easy/very easy* to access. Students from diverse ethnic communities (66.7%) were more likely to say it was *easy/very easy* to access emergency contraception than *white British* students (60.2%).

Students in Cheltenham (52.1%) were the least likely to report it was easy to access emergency contraception and those in Tewkesbury the most likely (70.0%).

Bisexual students (57.1%) were less likely to say they found it easy to access emergency contraception than heterosexual students (61.1%).

Conclusion

Overall, the 2026 Pupil Wellbeing Survey indicates a mixed picture of student's health harming behaviours and wider wellbeing in Gloucestershire. There are encouraging signs of improvement in several areas, including continued reductions in smoking, drug use, weapon carrying, trouble with the police and self-harm following the post-pandemic peak.

However, the findings also show that many behaviours and experiences that can harm health remain strongly patterned by age, vulnerability, deprivation and educational setting. Vaping, alcohol use, excessive screen time, poor sleep, eating difficulties, low mental wellbeing and barriers to accessing support continue to be important areas of concern, particularly for older students and for groups experiencing wider disadvantage or complexity in their lives.

The findings highlight the importance of maintaining a broad, preventative approach that recognises the interrelationship between health behaviours, personal safety, mental wellbeing, educational engagement and access to trusted support. While some indicators have improved since 2024, the persistence of inequalities across several outcomes suggests that targeted work with vulnerable groups, alongside universal education and early intervention, remains essential to reducing health harms and improving outcomes for children and young people across the county.